

Office of Professional Responsibility

PREA Audit Compliance Report Seneca County Jail

March 5 - 7, 2024



U.S. Immigration
and Customs
Enforcement

**PREA Audit: Subpart A
DHS Immigration Detention Facilities
Corrective Action Plan Final Determination**



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Robin Bruck	Organization:	Creative Corrections, LLC
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PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(409) 866- (b) (6), (b) (7)(C)

AGENCY INFORMATION

Name of agency:	U.S. Immigration and Customs Enforcement (ICE)
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FIELD OFFICE INFORMATION

Name of Field Office:	Detroit
Field Office Director:	Robert Lynch, Jr.
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	333 Mt. Elliott Street, Detroit, MI 48207

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Seneca County Jail
Physical address:	3040 South State Highway 100, Tiffin, Ohio 44883
Telephone number:	419-447-3456
Facility type:	Intergovernmental Service Agreement
PREA Incorporation Date:	3/29/2021

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone #:	419-447- (b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone #:	419-447- (b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS

Directions: Please provide summary of audit findings to include the number of provisions with which the facility has achieved compliance at each level after implementation of corrective actions: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

During the audit, the Auditor found Seneca County Jail met 30 standards, had 0 standards that exceeded, had 1 standard that was non-applicable, and had 10 non-compliant standards. As a result of the facility being out of compliance with 10 standards, the facility entered into a 180-day corrective action period which began on May 8, 2024, and ended on November 4, 2024. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Initially Not Met: 10

- §115.13 - Detainee supervision and monitoring.
- §115.15 - Limits to cross-gender viewing and searches.
- §115.17 - Hiring and promotion decisions.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.51 - Detainee reporting.
- §115.53 - Detainee access to outside confidential support services.
- §115.61 - Staff reporting duties.
- §115.81 - Medical and mental health assessments; history of sexual abuse.
- §115.86 - Sexual abuse incident reviews.

Number of Standards Exceeded: 0

Number of Standards Met: 7

- §115.13 - Detainee supervision and monitoring.
- §115.15 - Limits to cross-gender viewing and searches.
- §115.17 - Hiring and promotion decisions.
- §115.51 - Detainee reporting.
- §115.53 - Detainee access to outside confidential support services.
- §115.61 - Staff reporting duties.
- §115.86 - Sexual abuse incident reviews.

Number of Standards Not Met: 3

- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.81 - Medical and mental health assessments; history of sexual abuse.

PROVISIONS

Directions: After the corrective action period, or sooner if compliance is achieved before the corrective action period expires, the auditor shall complete the Corrective Action Plan Final Determination. The auditor shall select the provision that required corrective action and state if the facility’s implementation of the provision now “Exceeds Standard,” “Meets Standard,” or “Does not meet Standard.” The auditor shall include the evidence replied upon in making the compliance or non-compliance determination for each provision that was found non-compliant during the audit. Failure to comply with any part of a standard provision shall result in a finding of “Does not meet Standard” for that entire provision, unless that part is specifically designated as Not Applicable.

§115.13 - Detainee supervision and monitoring.

Outcome: Meets Standard (substantial compliance; compiles in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c): SCJ policy 01.04, Staffing, states, “The Seneca County Sheriff’s Office will develop comprehensive detainee supervision guidelines to determine and meet the facility’s detainee supervision needs and shall review those guidelines at least annually. Each facility will ensure sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken [sic] into consideration: a. Generally accepted detention and correctional practices. b. Any judicial findings of inadequacy. c. All components of the facility’s physical plant. d. The composition of the detainee population. e. The prevalence of Substantiated and Unsubstantiated incidents of sexual abuse. f. Recommendations of sexual abuse incident review reports. g. Any other relevant factors, including but not limited to the length of time detainees spend in agency custody. Whenever necessary, but no less frequently than once each year, for each, an annual PREA Staffing Plan Assessment will be completed.” During the on-site audit the Auditor observed adequate staff assigned throughout the facility. Interviews with the JA and PSA Compliance Manager indicated a review of staffing levels and the need for video monitoring is conducted on an annual basis; however, interviews, a lack of submitted documentation, and on-site observations confirmed although policy indicates a review of the staffing plan and need for video monitoring considered all elements required by subsection (c) of the standard to determine adequate staffing levels and the need for video monitoring which include; generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in the Agency custody a facility review had not been conducted. Interviews with the JA and PSA Compliance Manager further indicated the facility have developed comprehensive detainee supervision guidelines to meet the supervision needs of the facility. An interview with the PSA Compliance Manager indicated the guidelines are reviewed annually. The Auditor reviewed the facility comprehensive detainee supervision guidelines and confirmed the guidelines had been reviewed on September 9, 2023.

(d): SCJ policy 04.39 states, “Staff, including supervisors, shall conduct frequent unannounced security inspection rounds to identify and deter sexual abuse against detainees. The occurrences of such rounds shall be documented in the applicable log as Walk Througths. [sic] This practice shall be implemented on all shifts (to include night, as well as day) and in all areas where detainees are permitted to go. Employees shall be prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational function of the facility.” An interview with the PSA Compliance Manager indicated all custody staff are required to conduct unannounced security inspections at the facility. The inspections are documented in the facility Case Management System (CMS) and are identified as an Inside Security/PREA Check. An interview with the PSA Compliance Manager further indicated if a staff member is found to be alerting other staff when the inspections are occurring the staff member could face disciplinary action. An interview with a staff member who conducts unannounced security inspections confirmed he was knowledgeable

and could articulate unannounced security inspections are to identify and deter sexual abuse of detainees. During the on-site audit, the Auditor observed the CMS and confirmed unannounced security inspections are being conducted on an irregular basis every day and on every shift.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. Interviews with the JA and PSA Compliance Manager indicated a review of staffing levels and the need for video monitoring is conducted on an annual basis; however, interviews, a lack of submitted documentation, and on-site observations confirmed although policy indicates a review of the staffing plan and need for video monitoring considered all elements required by subsection (c) of the standard to determine adequate staffing levels and the need for video monitoring which include; generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in the agency custody a facility review had not been conducted. To become compliant, the facility must submit documentation to confirm when determining adequate staffing levels of detainee supervision and the need for video monitoring, the facility takes into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in the agency custody.

Corrective Action Taken:

The facility submitted updated facility policy 01.04 Staffing. The policy includes the requirement the staffing plan must be reviewed at least annually by the Sheriff and take into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in the agency custody. The facility submitted the 2024 Staffing Plan Review which confirmed the staffing plan was reviewed on April 23, 2024, and considered all required elements of subsection (c) of the standard. The facility submitted a memorandum addressed to the SCSO Sheriff, from the facility Jail Administrator, dated August 24, 2024. The Auditor reviewed the memorandum and confirmed the SCSO Sheriff reviewed the submitted plan stating, “In my review of the staffing plan, and determining the need for video monitoring, many things were taken into consideration, including but not limited to the following: consideration generally accepted detention practices, prior identified inadequacy, the layout of the facility, the composition of the inmate population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and review of each incident, the quantity of inmates, general inmate needs, video coverage of the facility, and safety issues in the facility.” Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115.15 - Limits to cross-gender viewing and searches.

Outcome: Meets Standard (substantial compliance; compiles in all material ways with the standard for the relevant review period)

Notes:

(b)(c)(d)(e)(f): SCJ policy 04.39 states, “Whenever operationally feasible, staff conducting a search must be of the same gender, gender identity, or declared gender as the detainee being searched. Pat searches of male detainees by female staff shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required, or in exigent circumstances. Pat searches of female detainees by male staff shall not be conducted unless in exigent circumstances. All cross-gender pat searches of detainees will be documented in a logbook including details of exigent circumstances. Strip searches of detainees

by staff of the opposite gender shall not be conducted except in exigent circumstances, or when performed by medical practitioners.” SCJ policy 04.39 further states, “Body cavity searches will only be conducted by a medical professional and take place in an area that affords privacy from other detainees and from facility staff who are not involved in the search. Staff of the opposite gender, other than a designated qualified medical profession, shall not observe a body cavity search. All strip searches and visual body cavity searches shall be documented. If a strip search of any detainee does occur, the search shall be documented on a jail incident report and strip search form.” In addition, SCJ policy 04.39 states, “Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees.” The Auditor reviewed the Corrections Basic Training – Body Searches and confirmed the curriculum requires, “Male officers should perform frisk searches only on male inmates except when the delay to obtain an officer of the same sex would significantly impact the safety of staff or the inmate(s); however, subsection (c) of the standard requires cross-gender pat-down searches of female detainees not be conducted unless in exigent circumstances.” A review of the Corrections Basic Training – Body Searches curriculum further confirmed the curriculum requires female officers should perform frisk searches only on female inmates; however, female officers assigned to supervise male housing units may routinely search male inmate(s) in the course of her duties and subsection (b) of the standard requires cross-gender pat-down searches of male detainees not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. The Auditor reviewed memorandums to the file which indicated the facility has not performed any cross-gender pat-down searches, strip searches, cross-gender strip searches, or visual body cavity searches during the audit period. Interviews with the PSA Compliance Manager and six COs confirmed they were aware cross-gender pat-down searches, strip searches, cross-gender strip searches, and visual body cavity searches are strictly prohibited; however, if there were exigent circumstances which required these types of searches they would be documented in a Cross-Gender Search Log. During the on-site audit, the Auditor confirmed the facility utilizes (b) (7)(E)

The Auditor observed the use of (b) (7)(E) on both a female and male detainee and confirmed (b) (7)(E) by a female officer and (b) (7)(E) was operated by a male officer. In addition, the Auditor observed (b) (7)(E) of both the male and female detainee facility staff positioned themselves to conceal (b) (7)(E) from anyone in the area. Interviews with 21 detainees confirmed they had received a pat-down searched upon entry to the facility in a professional and respectful manner by a staff member of the same gender. Interviews with 21 detainees further confirmed they had not been strip searched by anyone at the facility. During the on-site audit, the Auditor observed a pat-down search of a detainee and confirmed the search had been conducted by a staff member of the same gender.

(g): SCJ policy 04.39 states, “Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement.” SCJ policy 04.39 further states, “Employees of the opposite gender must announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.” During the on-site audit, the Auditor observed the (b) (7)(E)

During the on-site audit the Auditor further observed staff announcing their presence when entering units housing detainees of the of the opposite gender. Interviews with four male COs indicated if they were to enter the female housing units, they would request the presence of a female officer, and an announcement would be made prior to entering the housing unit. Interviews with two female detainees confirmed male staff enter the housing units with a female officer and an announcement is made when entering the unit. Interviews with two female COs further indicated they would announce their presence prior to entering the male housing unit; however, interviews with 19 male detainees indicated, except for the Auditor’s on-site tour, they have never heard female staff announce themselves when entering the units housing male detainees.

(h): SCJ is not designated as Family Residential Center; therefore, the Auditor has determined provision (h) is not applicable.

(i)(j): SCJ policy 04.39 states, “In addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs.” [sic] SCJ policy 04.39 further states, “The facility shall not search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee’s genital status. If the detainee’s genital status is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.” The Auditor reviewed the Corrections Basic Training – Body Searches and confirmed the curriculum requires, “Male officers should perform frisk searches only on male inmates except when the delay to obtain an officer of the same sex would significantly impact the safety of staff or the inmate(s); however, subsection (c) of the standard requires cross-gender pat-down searches of female detainees not be conducted unless in exigent circumstances.” A review of the Corrections Basic Training – Body Searches curriculum further confirmed the curriculum requires female officers should perform frisk searches only on female inmates; however, female officers assigned to supervise male housing units may routinely search male inmate(s) in the course of her duties and subsection (b) of the standard requires cross-gender pat-down searches of male detainees not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. In addition, the Auditor’s review of the Corrections Basic Training – Body Searches curriculum confirms the curriculum requires when searching a transgender or intersex inmate “a. Options recommended by the National Prison Rape Elimination Act Reporting Center (1) have a female officer conduct the search (2) As the inmate if he/she has a preference for a male or female officer to conduct the search (3) have medical staff conduct the search if properly trained to do so. b. Determining genital status (1) have a conversation with the inmate (2) Review medical records (3) Request an evaluation by a medical practitioner.” In an interview with the PSA Compliance Manager, it was indicated staff are provided additional on the job training which includes “Pat Down New Inmate”; however, the Auditor was not provided the curriculum; and therefore, could not confirm the curriculum included the training required by subsection (j) of the standard. In addition, the facility has not provided any documentation to confirm staff have received the required training. Interviews with six random COs confirmed they could not articulate how to conduct a pat-down search of a transgender or intersex detainee; however, they were aware they could not conduct a search of a transgender or intersex detainee for the sole purpose determining the detainee’s genital status.

Corrective Action:

The facility is not in compliance with subsections (b) and (c) of the standard. The Auditor reviewed the Corrections Basic Training – Body Searches and confirmed the curriculum requires, “Male officers should perform frisk searches only on male inmates except when the delay to obtain an officer of the same sex would significantly impact the safety of staff or the inmate(s);” however, subsection (c) of the standard requires cross-gender pat-down searches of female detainees not be conducted unless in exigent circumstances. A review of the Corrections Basic Training – Body Searches curriculum further confirmed the curriculum requires female officers should perform frisk searches only on female inmates; however, female officers assigned to supervise male housing units may routinely search male inmate(s) in the course of her duties and subsection (b) of the standard requires cross-gender pat-down searches of male detainees not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. To become compliant the facility must update the facility training curriculum Corrections Basic Training – Body Searches to include the requirements of subsections (b) and (c) of the standard. Once updated the facility must provide documentation to confirm all security staff have been trained on the updated curriculum.

The facility is not in compliance with subsection (g) of the standard. Interviews with two female COs further

indicated they would announce their presence prior to entering the male housing unit; however, interviews with 19 male detainees indicated, except for the Auditor's on-site tour, they have never heard female staff announce themselves when they enter the units housing male detainees. To become compliant, the facility must submit documentation to confirm all security staff have received training on the standard's requirement that staff announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.

The facility is not in compliance with subsection (j) of the standard. The Auditor reviewed the Corrections Basic Training – Body Searches and confirmed the curriculum requires, “Male officers should perform frisk searches only on male inmates except when the delay to obtain an officer of the same sex would significantly impact the safety of staff or the inmate(s);” however, subsection (c) of the standard requires cross-gender pat-down searches of female detainees not be conducted unless in exigent circumstances. A review of the Corrections Basic Training – Body Searches curriculum further confirmed the curriculum requires female officers should perform frisk searches only on female inmates; however, female officers assigned to supervise male housing units may routinely search male inmate(s) in the course of her duties and subsection (b) of the standard requires cross-gender pat-down searches of male detainees not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. Therefore, the training curriculum is not compliant with the standard's requirements on conducting cross-gender pat-down searches. In addition, staff are provided on the job training which includes “Pat Down New Inmate”; however, the Auditor was not provided the curriculum for this training. In review of the Corrections Basic Training – Body Searches is not in compliance with the subsection (a) of the standard. The curriculum indicates if a female officer is assigned to a male housing unit, she may routinely search the male inmates. In an interview with the PSA Compliance Manager, it was indicated staff are provided additional on the job training which includes “Pat Down New Inmate”; however, the Auditor was not provided the curriculum; and therefore, could not confirm the curriculum included the training required by subsection (j) of the standard. In addition, the facility has not provided any documentation to confirm staff have received the required training. Interviews with six random COs confirmed they could not articulate how to conduct a pat-down search of a transgender or intersex detainee. In addition, the facility has not provided any documentation to confirm staff have received this training. Interviews with six random COs indicated they could not articulate how to conduct a pat-down search of a transgender or intersex detainee. To become compliant, the facility must update the Corrections Basic Training – Body Searches to include the standard's requirements in conducting searches of detainees including cross-gender pat-down searches and searches of transgender or intersex detainees to include all pat-down searches shall be conducted professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and Agency policy including consideration for officer safety. Once the training curriculum, Corrections Basic Training – Body Searches, is updated the facility must submit documentation to confirm all security staff have received training on the updated curriculum.

Corrective Action Taken:

The facility submitted the National PREA Resource Center's Guidance to Cross-Gender and Transgender Pat Searches training curriculum. The Auditor reviewed the curriculum and confirmed the training includes the standard's requirements for conducting searches of detainees including cross-gender pat-down searches and searches of transgender or intersex detainees to include all pat-down searches shall be conducted professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and Agency policy including consideration for officer safety. The facility submitted an On-the-Job Training Checklist for all new employees. The Auditor reviewed the checklist and confirmed the checklist includes cross-gender and transgender/intersex pat-down searches. The facility submitted an email instructing all SCJ staff to complete the “Cross-Gender and Transgender Pat Search” training curriculum and to sign, and date, the training roster to confirm completion of the training. The facility submitted the “Cross-Gender and Transgender Pat Search” training roster which confirmed applicable staff have received the required training. The facility submitted an email instructing all SCJ staff to review the SCJ 04.39 policy which includes both males and females must

announce themselves when entering detainees are likely to be showering, performing bodily functions, or changing clothing. In addition, the facility submitted the SCJ 04.39 policy training roster which confirmed applicable staff have reviewed both the email and the policy. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (b), (c), (g) and (j) of the standard.

§115.17 - Hiring and promotion decisions.

Outcome: Meets Standard (substantial compliance; compiles in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 7-6.0 outlines “misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application.” The Unit Chief of OPR Personnel Security Operations (PSO) informed auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. SCJ policy 04.39 states, “To the extent permitted by law, Seneca County Sheriff’s Office will decline to hire or promote any individual and decline to enlist the services of any contractor or volunteer, who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). To the extent permitted by law, Seneca County Sheriff’s Office will decline to hire or promote any individual, and decline to enlist the services of any contractor or volunteer, who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity as outlined above. To the extent permitted by law, Seneca County Sheriff’s Office may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. All applicants, employees, and contractor who may have direct contact with detainees shall be asked about previous misconduct, as outlined above, in written applications or interviews for hiring or promotions, and in any interview or written self-evaluations as part of reviews of current employees.” However, subsections (a) and (e) of the standard do not include the requirement “to the extent permitted by law;” and therefore, SCJ policy 04.39 does not meet subsections (a) or (e) of the standard. SCJ policy 04.39 further states, “Before hiring new employees who may have contact with detainees, a criminal records background check shall be required. Seneca County Sheriff’s Office shall further ensure that a criminal records check is completed before enlisting the services of any contractor who may have contact with detainees.” In addition, SCJ policy 04.39 states, “Consistent with federal, state, and local law the Seneca County Sheriff’s Office facilities shall make its best efforts to contact all prior institutional employer for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. Unless prohibited by law, Seneca County Sheriff’s Office shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.” The Auditor reviewed a memorandum to the file which states, “Seneca County Jail staff are under continuing duty to report misconduct. Supporting documentation is scanned into each employee digital personnel file. Supporting documents have been provided.” [sic] An interview with the PSA Compliance Manager/HRM indicated all potential employees and contractors are required to complete an on-line application through the Guardian

Alliance Technologies System and once the application is complete the potential employee or contractor must digitally sign the on-line application certifying they have personally completed each page of the Personal History Questionnaire (PHQ) and all statements are true and correct to the best of their knowledge and belief; however, a review of the on-line application confirmed it does not require material omissions regarding such misconduct, or the provision of materially false information would be grounds for termination or withdrawal of an offer of employment. An interview with the PSA Compliance Manager/HRM further indicated the potential employee or contractor would participate in an interview and if the applicant passes the interview, the applicant will be asked to provide fingerprints for a background check to be conducted to include a computerized criminal history (CCH) and a review by the National Crime Information Center (NCIC). In addition, an interview with the PSA Compliance Manager/HRM indicated if the applicant has previous correctional experience the prior employer would be contacted to obtain information of any noted misconduct to include substantiated allegations of sexual abuse, and the same information would be provided to another institution conducting a background check on a former SCJ employee. In an interview with the PSA Compliance Manager/HRM it was further indicated the facility has recently implement an Annual Performance Review PREA Considerations form to also be utilized prior to hiring which states, "Have you: (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC § 1997; (b) Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (c) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section." In addition, in an interview with the PSA Compliance Manager/HRM it was indicated if a candidate, to include potential staff, contractor or volunteer, indicated yes to any of the questions they would not move forward to the interview process. In an interview with the PSA Compliance Manager/HRM it was further indicated in January 2024, all staff and contractors were asked to review and sign the form; however, the PSA Compliance Manager/HRM could not articulate the facility utilized the form prior to utilizing the services of facility volunteers or employees were advised of their continuing duty to report misconduct related to sexual abuse. The Auditor reviewed one applicant's file and confirmed the applicant completed the Annual Performance Review PREA Considerations form prior to hiring. During the on-site audit, in addition to the one applicant, the Auditor reviewed seven employee files and two contract employee files and confirmed a criminal background check had been completed on all perspective employees; however, the facility was unable to locate documentation to confirm one of the contract employee had undergone a background check; and therefore, the facility immediately conducted an CCH/NCIC background check request and provided documentation to the Auditor. A review of the seven employee files further confirmed all employees had completed an Annual Performance Review PREA Considerations form. The Auditor submitted two ICE staff to the PSO Background Investigation for Employees and Contractors and confirmed completed background checks for both names submitted. In an interview with the PSA Compliance Manager, HRM, and SDDO it was confirmed there were no facility or ICE staff promoted during the audit period.

Corrective Action:

The facility is not in compliance with subsections (a), (b), and (e) of the standard. A review of SCJ policy 04.39 confirms it includes the verbiage "to the extent permitted by law;" and therefore, SCJ policy 04.39 does not meet subsections (a) or (e) of the standard. In an interview with the PSA Compliance Manager/HRM it was further indicated the facility has recently implement an Annual Performance Review PREA Considerations form; however, the PSA Compliance Manager/HRM could not articulate the facility utilized the form prior to utilizing the services of facility volunteers or employees. In addition, in an interview with the PSA Compliance Manager/HRM it was confirmed the PSA Compliance Manager/HRM could not articulate staff were advised of their continuing duty to report misconduct related to sexual abuse. An interview with the PSA Compliance Manager/HRM indicated that all potential employees and contractors are required to complete an on-line application through the Guardian Alliance Technologies System. Once the application is completed the potential employee or contractor must digitally sign certifying they have personally completed each page of the Personal History Questionnaire (PHQ) and all statements are true and correct to the best of their knowledge and belief;

however, a review of the on-line application confirmed it does not require material omissions regarding such misconduct, or the provision of materially false information would be grounds for termination or withdrawal of an offer of employment. To become compliant, the facility must update SCJ policy 04.39 to require the elements of subsections (a) and (e) of the standard. The facility must implement practices to include informing potential applicants, material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination or withdrawal of an offer of employment, requiring volunteers to complete the Annual Performance Review PREA Considerations form prior to utilizing their services, and to inform potential applicants of their continuing duty to report misconduct related to sexual abuse. Once implemented the facility must provide documentation to confirm all required practices have been implemented to include an application which advises applicants material omissions regarding such misconduct, confirmation that all current and any volunteers admitted into the facility to provide detainee services have reviewed and completed the Annual Performance Review PREA Considerations form, and all current employees, to include the recent applicant, have been advised of their continuing duty to report misconduct related to sexual abuse.

Corrective Action Taken:

The facility submitted a PREA Employment Questionnaire which states, "In compliance with the federal Prison Rape Elimination Act (PREA) standards relating to hiring and promotion decision, answers to the questions on this form shall be required by all Seneca County Jail applicants, during the interview process. Current Seneca County Jail employees, contracted positions, interns and volunteers shall provide answers to the questions on this form during their annual performance evaluation and as part of the promotional process." The Auditor reviewed the PREA Employment Questionnaire and confirmed the form includes, "1. Have you ever engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution? 2. Have you ever been convicted of engaging or attempting to engage in sexual activity facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? 3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question #2 above? 4. Have you ever been civilly, administratively adjudicated, disciplined, or had any government issued license revoked or suspended for having engaged in conduct defined as sexual harassment?" A review of the form further confirms the form includes "If you are hired, or if you are a current Seneca County Jail employee, you have a continuing, affirmative duty to immediately disclose, to the Administrator, any misconduct that would result in a "yes" answer to any of the four (4) questions above. Providing false or misleading answers to the above questions or failing to disclose any misconduct that would result in a "yes" answer to any of the above questions shall be grounds for termination." The facility submitted 51 PREA Employment Questionnaires completed by current staff employed at the facility, 1 newly hired employee, and 2 contractors to confirm the practice has been implemented at the facility. The facility submitted a memorandum to Auditor which states, "There have been no volunteers admitted into the facility during the CAP period." Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b) and (e) of the standard.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d)(f): SCJ policy 04.39 states, "Detainees shall be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior and shall be housed to prevent sexual abuse or assault, taking the necessary steps to mitigate any such danger. Each new detainee shall be kept separate from the general population until he/she has been classified and may be housed accordingly. The initial classification process and initial housing assignment should be completed within twelve (12) hours of admission to the facility. The facility shall consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: a. Whether the detainee has a mental, physical, or developmental disability. b. The age of the detainee, c. The physical build and appearance of the detainee. d. Whether the detainee has previously been incarcerated or detained. e. The nature of the detainee's criminal history. [sic] f. whether the detainee has any

convictions for sex offenses against an adult or child. g. Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. h. Whether the detainee has self-identified as having previously experienced sexual victimization. i. The detainee's own concerns about his or her physical safety. Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to items listed above in section a, g., h., or i. The facility Sexual Abuse Screening Tool will be utilized to complete the initial screening. The initial screening shall consider prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive." An interview with the PSA Compliance Manager indicated beginning January 2024, the facility developed and implemented the process of assessing all detainees during intake to identify those likely to be sexual abuse victims or sexual aggressors to include utilizing the information from the initial risk assessment to make informed decisions regarding housing of detainees; however, the facility does not currently have a process to track the housing assignments of a detainee identified as likely to be a sexual aggressor or a sexual abuse victim. An interview with the PSA Compliance Manager further indicated detainees are kept separate from the general population until the completion of the initial classification process which is completed within 12 hours of the detainee's admission into the facility. In an interview with an Intake staff, it was indicated Intake Officers will ask the detainee the questions on the initial assessment form and will enter the answers into the jail management system and once the intake process has been completed and housing assigned the CMS Medical Screening will lock all staff out except for medical and mental health. A review of the initial assessment confirms it contains all elements required by subsection (c) of the standard to include whether the detainee has a mental, physical, or developmental disability; the age of the detainee, the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; the detainee's own concerns about his or her physical safety; prior acts of sexual abuse; prior convictions for violent offenses; and a history of prior institutional violence or sexual abuse. Interviews with the PSA Compliance Manager/Classification Officer and an Intake Officer indicated detainees are not disciplined for refusing to answer or not disclosing complete information. Interviews with the PSA Compliance Manager/Classification Officer and an Intake Officer further indicated if a detainee is LEP, the staff will utilize the language line services to ask the questions and will document the use of interpretation services. An interview with an Intake Officer indicated once the intake and initial risk assessment has been completed, a Sergeant will review the intake process to ensure all steps had been completed prior to approving the classification and housing assignment of the detainees: however, in an interview with a Classification Sergeant, it was confirmed when he completes his review, he would not be aware of the housing assignments or location of detainees who have been identified as sexual aggressors or likely to be sexual abuse victims. The Auditor reviewed 10 detainee electronic files and confirmed the detainee's housing had been completed with 12 hours of admission into the facility.

(e)(g): SCJ policy 04.39 states, "The facility shall reassess each detainee's risk of victimization or abusiveness between sixty (60) and ninety (90) days from the date of the initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization." SCJ policy 04.39 further states, "The facility shall implement appropriate protections on responses to questions asked pursuant to this screening, limiting dissemination, and ensuring that sensitive information is not exploited to the detainee's detriment by staff or other detainees." An interview with the PSA Compliance Manager indicated the facility has established a process to reassess each detainee's risk of victimization or abusiveness between 60-90 days to include the use of an excel spreadsheet to ensure the reassessment is completed in a timely manner. The Auditor reviewed 10 detainee files and confirmed two of the detainees had received a reassessment; however, the eight additional detainees had not been at the facility longer than 60 days. In addition, the Auditor reviewed the facility excel spreadsheet and confirmed since the process was established the facility had reassessed a total of 13 detainees who had been at the facility longer than 60

days. Interviews with 21 detainees indicated they had all been asked the questions from the initial risk assessment in a language they could understand; however, eight of the detainees, five who reported to be either gay or lesbian and three who reported they had experienced prior sexual abuse, indicated they did not answer truthfully as the questions were asked in an area which did not provide privacy affording other detainees the opportunity to overhear the answers; and therefore, they stated no. In addition, interviews with five other detainees, indicated during the reassessment, they had been brought into an office with other detainees and asked the reassessment questions at the same time.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. An interview with the PSA Compliance Manager indicated beginning January 2024, the facility developed and implemented the process of assessing all detainees during intake to identify those likely to be sexual abuse victims or sexual aggressors to include utilizing the information from the initial risk assessment to make informed decisions regarding housing of detainees; however, the facility does not currently have a process to track the housing assignments of a detainee identified as likely to be a sexual aggressor or a sexual abuse victim. An interview with an Intake Officer indicated once the intake and the assessment has been completed, a Sergeant will review the intake process to ensure that all steps had been completed and will approve the classification and housing assignment of the detainees. However, in an interview with a Sergeant it was confirmed when he completes his review, he would not be aware of the housing assignments and location of a detainee who has been identified as sexual aggressor or other detainees who are identified as likely sexual abuse victims. To become compliant, the facility must establish a process to utilize the information from the initial risk assessment to house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger to include a method for tracking the location of those detainees identified as likely sexual aggressors and sexual abuse victims. Once implemented the facility must submit documentation to confirm all applicable staff have received training on the implemented process. In addition, if applicable, the facility must submit 10 detainee files to confirm detainees who identified during the intake risk screening as likely to be a sexual aggressor or a sexual abuse victim were housed utilizing the information gained from the initial risk assessment.

The facility is not in compliance with subsection (g) of the standard. Interviews with 21 detainees indicated they had all been asked the questions from the initial risk assessment in a language they could understand; however, eight of the detainees, five who reported to be either gay or lesbian and three who reported they had experienced prior sexual abuse, indicated they did not answer truthfully as the questions were asked in an area which did not provide privacy affording other detainees the opportunity to overhear the answers; and therefore, they stated no. In addition, interviews with five other detainees, indicated during the reassessment, they had been brought into an office with other detainees and asked the reassessment questions at the same time. To become compliant, the facility shall implement a process which ensures when conducting an initial assessment or reassessment of a detainee, the detainee is provided privacy to ensure the sensitive information is not exploited to the detainee's detriment by staff or other detainees. Once implemented the facility must submit documentation to confirm all applicable staff have received training on the implemented process.

Corrective Action Taken:

The facility submitted a revised 4.02 policy which includes, "The Risk of Victimization and Abusiveness screening tool shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior instructional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive." The facility submitted a revised Risk of Victimization and Abusiveness. A review of the form confirmed all elements required by the standard are included. The facility submitted an email addressed to all jail and medical staff which states, "I am re-sending the below email out for training verification purposes and to add a few things. I have updated policy 4.02 and attached to this email. The updates are found on page four (4), number eight (8), a through f. The risk of victimization and abusiveness form has also changed, to include the following: 6. Summary of criminal history, convictions of violent offenses and/or a history of prior institutional

violence or sexual abuse. 13. Based on the screening, does the individual need special housing? Y/N 14. Was the information gathered used to determine housing, recreation, or other activities and voluntary work? Y/N Please describe the reason for placement. Please respond to this email no later than Monday 11/4 @ 0800 hours, advising me that you have received and understand the implementation of these changes.” In addition, the facility submitted emails from all staff, including medical staff which confirmed staff have received and understood the email training; however, although the facility submitted documentation to confirm staff were trained the facility did not submit documentation to confirm the updated risk of victimization and abusiveness form was implemented properly. The facility submitted the Risk of Abusiveness log which includes five detainees for being at risk for abusiveness and a Risk of Victimization log, which includes one detainee. The Auditor reviewed the logs, in conjunction with the corresponding initial risk assessments, and confirmed both logs include housing units and notes, and alerts have been placed in the detainee profiles in Pro Phoenix; however, a review of the logs, and the corresponding initial risk assessments, confirmed neither the logs, or the risk assessments include the detainee’s recreation and other activities and voluntary work; and therefore, the Auditor could not confirm the logs are used to track a detainee’s recreation and other activities or voluntary work. In addition, medical and mental health notes were submitted for five detainees included on the Risk of Abusiveness/Victims logs submitted. The Auditor reviewed the medical notes, which included the intake and initial medical screening and confirmed the intake screening was not signed or dated by either staff or detainee; and therefore, the Auditor could not confirm information gained from the initial risk assessment was utilized to determine housing, recreation and other activities, and voluntary work. A review of the documentation submitted further confirmed in three of the five files submitted the included Jail Adjustment form confirmed the detainees were housed prior to the completion of the initial risk assessment. A review of the five submitted files further confirmed two files did not include the Jail Adjustment form; and therefore, the Auditor could not confirm when initial housing was determined. In addition, a review of five initial risk assessments confirmed three did not include a box to confirm whether the form was utilized to determine initial housing, one initial risk assessment was checked to confirm the form was not utilized, and one initial risk assessments included a box which was left blank. A review of the documentation submitted further confirmed three of the detainees were placed on the Risk of Abusiveness/Victimization logs prior to the risk assessments being conducted and one detainee was placed on the Abusiveness/Victimization log even though the initial risk assessment indicated he was not at risk for sexual abusiveness as the question was marked as a “no.” Upon review of all submitted documentation, or lack thereof, the Auditor cannot confirm the facility has implemented a practice which ensures the facility utilizes the information from the initial risk assessment to house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. The Auditor reviewed the revised SCJ policy 4.02 and confirmed the policy states, “The Risk of Victimization and Abusiveness screening tool shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior instructional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive.” A review of revised SCJ policy 4.02 further confirms the policy states, “The booking officer will classify the detainee, utilizing criminal history, the Risk of Victimization and Abusiveness Screening Tool, ICE RCA’s, Medical screening tool, and any relevant institutional summaries provided” and “this will be completed prior to assigning the detainee a housing location.” In addition, a review of revised SCJ policy 4.02 confirms the policy states, “The booking officer will notify the shift supervisor immediately when victims/abusers are identified during the screening process, who will place the detainee on the at-risk log for tracking, to ensure they are housed appropriately” and “the booking officer will notate findings in the Jail Alert section of the JMS system, ensuring there is a primary record of an at-risk status.” A review of revised SCJ policy 4.02 confirms the policy states, “The intake officers must ensure those who are at risk of victimization are not housed with potential abusers” and “once this process is completed the intake officer will notify the shift supervisor, who will double check that all steps have been followed before signing off on the file.” The facility submitted an email addressed to all jail and medical staff which states, “I am re-sending the below email out for training verification purposes and to add a few things. I have updated policy 4.02 and attached to this email. The updates are found on page four (4), number eight (8), a through f” and “The risk of victimization and abusiveness form has also changed, to include the following: 6. Summary of criminal history, convictions of violent offenses and/or a history of prior institutional violence or sexual abuse. 13. Based

on the screening, does the individual need special housing? Y/N 14. Was the information gathered used to determine housing, recreation, or other activities and voluntary work? Y/N Please describe the reason for placement. Please respond to this email no later than Monday 11/4 @ 0800 hours, advising me that you have received and understand the implementation of these changes.” The facility submitted emails from all staff, including medical staff, which confirm all applicable staff have received and understood the email training; however, the facility did not submit documentation to confirm the updated risk of victimization and abusiveness form was implemented. The facility submitted the Risk of Abusiveness log which includes five detainees for being at risk for abusiveness and a Risk of Victimization log, which includes one detainee. The Auditor, reviewed the logs, in conjunction with the corresponding initial risk assessments, and confirmed both logs include, housing units and notes, and alerts have been placed in the detainee profiles in Pro Phoenix; however, a review of the logs, the corresponding initial risk assessments, and medical and mental health notes, confirmed medical and mental health notes were submitted for five detainees included on the Risk of Abusiveness/Victims logs submitted. The Auditor reviewed the medical notes, which included the intake and initial medical screening and confirmed the intake screening was not signed, or dated, by either staff or detainee; and therefore, the Auditor could not confirm information gained from the initial risk assessment was utilized to determine a detainee’s initial housing. A review of the documentation submitted further confirmed in three of the four files the included Jail Adjustment form confirmed the detainees were housed prior to the completion of the initial risk assessment. In addition, a review of the five submitted files confirmed two files did not include the Jail Adjustment form; and therefore, the Auditor could not confirm when initial housing was determined. A review of five initial risk assessments further confirmed three of the files did not include a box to confirm whether the form was utilized to determine initial housing, one initial risk assessment was checked to confirm the form was not utilized, and one initial risk assessment included a box which was left blank. In addition, a review of the documentation submitted confirmed three of the detainees were placed on the Risk of Abusiveness/Victimization logs prior to the risk assessments being conducted and one detainee was placed on the Abusiveness/Victimization log even though the initial risk assessment indicated he was not at risk for sexual abusiveness as the question was marked as a “no.” Upon review of all submitted documentation, or lack thereof, the Auditor cannot confirm the facility has implemented a practice which ensures the facility utilizes the information gained from the initial risk assessment to house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger; and therefore, continues to find the facility does not meet subsection (a) of the standard; however, upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (g) of the standard.

§115.42 - Use of assessment information.

Outcome: Does not Meet Standard

Notes:

(a): SCJ policy 04.39 states, “The facility shall use the information from the Sexual Abuse Screening Tool conducted at initial screening in the consideration of housing recreation, work program and other activities. The decision whether to assign a transgender or intersex detainee to a male facility will generally be made by ICE prior to the detainee’s arrival. The Facility Administrator shall consult with his/her appropriate ICE representative, and the PSA Compliance Manager in the event there are concerns with a placement. The facility should not base housing and program placement decisions for transgender or intersex detainees solely on the identity documents or physical anatomy of the detainee. A detainee’s self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration. The facility shall make individualized determinations about how to ensure the safety of each detainee. Upon arrival at a facility, transgender/intersex detainees shall be temporarily housed in a location away from the general population (to include a medical unit or protective custody unit) for no more than seventy-two (72) hours (excluding weekends, holidays, and exigent circumstances) until classification, housing, and other needs can be assessed. In deciding whether to house a transgender/intersex detainee in a male or female unit, pod, cell, or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such detainees, the facility shall consider the transgender or intersex detainee’s gender self-identification and self-assessment of safety needs. The facility shall consult a medical or mental health professional as soon as practicable on this assessment. Placement

and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced by the detainee.” An interview with the PSA Compliance Manager indicated beginning January 2024, the facility developed and implemented the process of assessing all detainees during intake to identify those likely to be sexual abuse victims or sexual aggressors to include utilizing the information from the initial risk assessment to make informed decisions regarding housing of detainees, recreation and other activities, and voluntary work; however, the facility does not currently have a process to track the housing assignments, recreation and other activities, and voluntary work of a detainee identified as likely to be a sexual aggressor or a sexual abuse victim. An interview with an Intake Officer indicated once the intake and the assessment has been completed, a Sergeant will review the intake process to ensure that all steps had been completed and will approve the classification and housing assignment of the detainees. However, in an interview with a Sergeant it was confirmed when he completes his review, he would not be aware of the housing assignments and location of a detainee who has been identified as sexual aggressor or other detainees who are identified as likely sexual abuse victims.

(b)(c): Interviews with the JA and PSA Compliance Manager indicated the facility does not house transgender or intersex detainees as the facility is unable to provide accommodations or medical services for a transgender or intersex detainee. During the on-site audit Auditor observations, and informal interviews with staff, confirmed the facility does not house transgender or intersex detainees; and there for subsections (b) and (c) are not applicable.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. An interview with the PSA Compliance Manager indicated beginning January 2024, the facility developed and implemented the process of assessing all detainees during intake to identify those likely to be sexual abuse victims or sexual aggressors to include utilizing the information from the initial risk assessment to make informed decisions regarding housing of detainees; however, the facility does not currently have a process to track the housing assignments, recreation, voluntary work, and other activities of a detainee identified as likely to be a sexual aggressor or a sexual abuse victim. An interview with an Intake Officer indicated once the intake and the assessment has been completed, a Sergeant will review the intake process to ensure that all steps had been completed and will approve the classification and housing assignment of the detainees. However, in an interview with a Sergeant it was confirmed when he completes his review, he would not be aware of the housing assignments and location of a detainee who has been identified as sexual aggressor or other detainees who are identified as likely sexual abuse victims. To become compliant, the facility must establish a process to utilize the information from the initial risk assessment to inform assignment of detainees to housing, recreation and other activities, and voluntary work to include a method for tracking the location of those detainees identified as likely sexual aggressors and sexual abuse victims. Once implemented the facility must submit documentation to confirm all applicable staff have received training on the implemented process. In addition, if applicable, the facility must submit 10 detainee files to confirm information from the initial risk assessment to inform assignment of detainees to housing, recreation and other activities, and voluntary work.

Corrective Action Taken:

The facility submitted revised SCJ policy 4.02. The Auditor reviewed the revised policy and confirmed the policy states, “The booking officer will classify the detainee, utilizing criminal history, the Risk of Victimization and Abusiveness Screening Tool, ICE RCA’s, Medical screening tool and any relevant institutional summaries provided. This will be completed prior to assigning the detainee a housing location” and “the booking officer will notify the shift supervisor immediately when victims/abusers are identified during the screening process, who will place the detainee on the at-risk log for tracking, to ensure they are housed appropriately” and “the intake officers must ensure that those who are at risk of victimization are not housed with potential abusers.” A review of revised SCJ policy 4.02 further states, “The booking officer will notate findings in the Jail Alert section of the JMS system, ensuring that there is a primary record of an at-risk status.” A review of revised SCJ policy 4.02

further confirms the policy states, “The Risk of Victimization and Abusiveness screening tool shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior instructional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive.” In addition, a review of revised SCJ policy 4.02 confirms the policy states, “Once this process is completed the intake officer will notify the shift supervisor, who will double check that all steps have been followed before signing off on the file.” The facility submitted a revised Risk of Victimization and Abusiveness. A review of the form confirmed all elements required by the standard are included. The facility submitted an email addressed to all jail and medical staff which states, “I am re-sending the below email out for training verification purposes and to add a few things. I have updated policy 4.02 and attached to this email. The updates are found on page four (4), number eight (8), a through f” and “The risk of victimization and abusiveness form has also changed, to include the following: 6. Summary of criminal history, convictions of violent offenses and/or a history of prior institutional violence or sexual abuse. 13. Based on the screening, does the individual need special housing? Y/N 14. Was the information gathered used to determine housing, recreation, or other activities and voluntary work? Y/N Please describe the reason for placement. Please respond to this email no later than Monday 11/4 @ 0800 hours, advising me that you have received and understand the implementation of these changes.” The facility submitted an email addressed to all jail staff, correction supervisors, and medical staff which directs staff to include utilizing the information gained from the initial risk assessment to determine initial housing; however, the email did not include direction to staff to utilize the information from the initial assessment to determine housing, recreation and other activities, and voluntary work and the facility did not submit documentation to confirm the updated risk of victimization and abusiveness form was implemented. The facility submitted the Risk of Abusiveness log which includes five detainees for being at risk for abusiveness and a Risk of Victimization log, which includes one detainee. The Auditor, reviewed the logs, in conjunction with the corresponding initial risk assessments, and confirmed both logs include, housing units and notes, and alerts have been placed in the detainee profiles in Pro Phoenix; however, a review of the logs, and the corresponding initial risk assessments, confirmed neither the logs, or the risk assessments, include the detainee’s other activities and voluntary work; and therefore, the Auditor could not confirm the logs are used to track a detainee’s recreation and other activities or voluntary work. In addition, medical and mental health notes were submitted for five detainees included on the Risk of Abusiveness/Victims logs submitted. The Auditor reviewed the medical notes, which included the intake and initial medical screening and confirmed the intake screening was not signed or dated by either staff or detainee; and therefore, the Auditor could not confirm information gained from the initial risk assessment was utilized to determine housing, recreation and other activities, and voluntary work. A review of the documentation submitted further confirmed in three of the four files submitted the included Jail Adjustment form confirmed the detainee were housed prior to the completion of the initial risk assessment. A review of the five submitted files further confirmed two files did not include the Jail Adjustment form; and therefore, the Auditor could not confirm when initial housing was determined. In addition, a review of five initial risk assessments confirmed three did not include a box to confirm whether the form was utilized to determine initial housing, one initial risk assessment was checked to confirm the form was not utilized, and one initial risk assessments included a box which was left blank. A review of the documentation submitted further confirmed three of the detainees were placed on the Risk of Abusiveness/Victimization logs prior to the risk assessments being conducted and one detainee was placed on the Abusiveness/Victimization log even though the initial risk assessment indicated he was not at risk for sexual abusiveness as the question was marked as a “no.” Upon review of all submitted documentation, or lack thereof, the Auditor cannot confirm the facility has implemented a practice which ensures the facility utilizes the information gained from the initial risk assessment to determine housing, recreation and other activities, and voluntary work; and therefore, continues to find the facility does not meet subsection (a) of the standard.

§115.51 - Detainee reporting.

Outcome: Meets Standard (substantial compliance; compiles in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c): SCJ policy 04.39 states, “The facility provides instructions on how detainees may contact their consular officials, the DHS Office of the Inspector General, and the ICE Hotline. Reporting will be confidential, and if desired, anonymous. Detainees who are victims of sexual abuse have the option to privately report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: a. Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call. b. Calling the facility twenty-four (24) hour toll-free notification telephone number. c. Verbally telling any employee, including the facility Volunteers. d. Forwarding a letter (including anonymously), sealed and marked “confidential”, to the facility Administrator or any other employee. e. calling or writing someone outside the facility who can notify facility staff. f. Forwarding a letter to the Seneca County PSA Coordinator at the following address: 3040 S. SR.100 Tiffin, OH 44883.” SCJ policy 04.39 further states, “Detainees shall have a least one way to report sexual abuse to a public or private or office that is not part of Seneca County, and that is able to receive and immediately forward detainee reports of sexual abuse and assault to facility officials, allowing the detainee to remain anonymous upon request.” SCJ policy 04.39 additionally states, “Employees shall take all allegations of sexual abuse and assault seriously, including verbal, anonymous and third-party [sic] reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports.” Interviews with the facility PSA Compliance Manager and six random COs indicated detainees are provided multiple ways to report sexual abuse, retaliation, and any staff neglect of their responsibilities which may have contributed to an incident of sexual abuse. Interviews with the facility PSA Compliance Manager and six random COs further indicated all reports received verbally, in writing, anonymously, and from third parties must be immediately reported and documented. During the on-site audit, the Auditor observed information in English and Spanish advising detainees how to contact their consular official, the DHS OIG, and the DRIL, to confidentially, and if desired, anonymously report an incident of sexual abuse. The postings were in all common areas of the facility. Informal interviews with a facility staff member, indicated, with the assistance of Microsoft 365 program, the facility could translate all written materials regarding sexual abuse to any language necessary. Interviews with 21 detainees indicated that they were aware there are numbers provided if there was a need to report an incident, including anonymously. During the on-site audit, the Auditor tested all telephone numbers provided to detainees and confirmed they were all in good working order. A test call to the facility PREA hotline indicated detainees would leave a message on the SCSO Detective’s phone; however, during the on-site audit, the Auditor left a message and was informed the detective was out of the office for several days, due to training obligations; and therefore, the Auditor did not receive confirmation the message was received until just prior to ending of the on-site audit.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. During the on-site audit, the Auditor left a message and was informed the detective was out of the office for several days due to training obligations; and therefore, the Auditor did not receive confirmation the message was received until just prior to ending of the on-site audit. To become compliant, the facility must implement a practice which enables reports of sexual abuse made utilizing the facility PREA hotline are immediately forwarded to facility officials.

Corrective Action Taken:

The facility submitted a training email addressed to the identified detectives and jail sergeants responsible for monitoring facility PREA Hotline emails. The Auditor reviewed the email and confirmed the email states, “You have been selected to receive email notifications and any voicemails left, whenever the PREA Hotline is contacted. Having multiple individuals receiving these notifications, ensures complaints are immediately addressed. Upon learning of an allegation, please contact facility officials (PSA Compliance Manager) who will ensure all parties are informed and an investigation is started.” The facility submitted “read receipts” for each of the identified individuals which confirmed applicable staff had received and read the email. In addition, the facility submitted a recording of a voice mail testing the facility PREA hotline and the automatically generated email notification of the call. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

§115.53 - Detainee access to outside confidential support services.

Outcome: Meets Standard (substantial compliance; compiles in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d): SCJ policy 04.39 states, “Seneca County Sheriff’s Office shall maintain, or attempt to enter into, Memorandums of Understanding (MOU) or other agreements with community service providers or, if local provides are not available, with national organizations that provide legal advocacy and confidential emotional support for immigrant victims of crime. Seneca County Sheriff’s Office shall maintain copies of agreements or documentation showing attempts to enter into such agreements. Each facility shall establish, in writing procedures to include outside agencies in the facility sexual abuse prevention and intervention protocols if such resources are available. Detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse. Detainees will be provided with mailing address and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information shall be included in the facility’s Detainee Handbook. The facility shall enable reasonable communications between detainees and these organizations and agencies, in as confidential a manner [sic] as possible. The facility shall require that agencies providing confidential support services inform detainees, prior to rendering services, of the extent to which communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.” In an interview with the PSA Compliance Manager/Investigator it was indicated Seneca County is a very rural county and is limited on resources within the community to include a Rape Crisis Center; and therefore, no documentation was provided to confirm the facility has attempted to enter into an MOU with a local Rape Crisis Center. The PSA Compliance Manager further indicated a victim advocate would be provided through the local prosecutor’s Victim Assistance Program. The Auditor spoke with a victim advocate from the Victim Assistance Program and confirmed an advocate would accompany a victim for a SANE exam and investigatory interviews; however, continued services to include investigation and prosecution of sexual abuse perpetrators to most appropriately address a detainee victims’ needs would only be provided if there is an ongoing criminal case with the prosecutor’s office. In addition, the PSA compliance Manager indicated, the facility utilizes the Rape, Abuse and Incest National Network (RAINN), for crisis intervention and counseling. Utilizing the detainee phone, the Auditor spoke with an Advocate from RAINN and confirmed there are no Rape Crisis Centers in the area; and therefore, RAINN would only provide telephonic crisis intervention and counseling for up to 20 minutes per call. A review of the facility Handbook confirmed detainees are provided a telephone number to access RAINN services. In addition, the Handbook states, “Telephone calls to ICE DRIL line, OIG and RAINN, will not be monitored or recorded. If reports of abuse are made, those reports may be forwarded to authorities in accordance with mandatory reporting laws.”

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. In an interview with the PSA Compliance Manager/Investigator it was indicated Seneca County is a very rural county and is limited on resources within the community to include a Rape Crisis Center; and therefore, no documentation was provided to confirm the facility has attempted to enter into an MOU with a Rape Crisis Center. The Auditor spoke with a victim advocate from the Victim Assistance Program and confirmed an advocate would accompany a victim for a SANE exam and investigatory interviews; however, continued services to include investigation and prosecution of sexual abuse perpetrators to most appropriately address a detainee victims’ needs would only be provided if there is an ongoing criminal case with the prosecutor’s office. In addition, the PSA compliance Manager indicated, the facility utilizes the Rape, Abuse and Incest National Network (RAINN), for crisis intervention and counseling. Utilizing the detainee phone, the Auditor spoke with an Advocate from RAINN and confirmed there are no Rape Crisis Centers in the area; and therefore, RAINN would only provide telephonic crisis intervention and counseling for up to 20 minutes per call. To become compliant, the facility shall attempt to enter into an MOU with a local Rape Crisis Center to provide continued services to include investigation and prosecution of sexual abuse perpetrators to most appropriately address a detainee victims’ needs.

Corrective Action Taken:

The facility submitted email documentation to confirm the facility is attempting to enter an MOU with the Nord Center to provide continued services to include investigation and prosecution of sexual abuse perpetrators to most appropriately address the needs of a detainee victim of sexual abuse. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of standard 115.53.

§115.61 - Staff reporting duties.

Outcome: Meets Standard (substantial compliance; compiles in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d): The Agency's policy 11062.2 mandates, "All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." ICE Directive 11062.2 states, "If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." SCJ policy 04.39 states, "The facility shall require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility, retaliation against a detainee or staff who reported or participated in an investigation about such an incident, and any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation." SCJ policy 04.39 further states, "Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. Employees may privately report sexual abuse and assault of detainees by forwarding a letter, sealed and marked "Confidential", to the Facility Administrator." SCJ policy 04.39 further states, "If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws." A review of SCJ policy 04.39 confirms staff are informed they can privately report sexual abuse and assault of detainees by forwarding a letter, sealed and marked "Confidential", to the FA; however, SCJ policy 04.39 does not provide a method for staff to report an allegation of sexual abuse outside the chain of command. Interviews with six random COs confirmed they were knowledgeable regarding their responsibility to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation, or staff failure to perform their duties he/she becomes aware of to their immediate supervisor; however, interviews with the six COs confirmed they were not aware of a way that they could report an allegation anonymously outside the chain of command. In addition, interviews with six random COs further confirmed they were aware of the standard's requirement to limit the sharing of information regarding an allegation of sexual abuse only with those on a need-to-know basis. In an interview with the SDDO it was confirmed he was knowledgeable regarding his reporting responsibilities under Agency policy 11062.2. The facility has not had any allegations of sexual abuse reported, during the reporting period. Interviews with the JA and the SDDO confirmed SCJ policy 04.39 has been submitted and approved by the Agency. There were no allegations of sexual abuse reported at SCJ during the audit period.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. A review of the SCJ policy 04.39 confirms the policy does not include a method for staff to report an allegation of sexual abuse outside the chain command. Interviews with six random COs confirmed they were not aware of a way they could report an allegation anonymously outside the chain of command. To become compliant, the facility must revise SCJ policy 04.39 to include a method by which staff can report outside the chain of command. Once SCJ policy 04.39 has

been revised, the facility must submit documentation to confirm all staff have received training on the revised policy.

Corrective Action Taken:

The facility submitted a revised SCJ policy 04.39. The Auditor reviewed the revised SCJ policy 04.39 and confirmed the policy states, “Employees may privately report sexual abuse and assault of detainees by contacting DHS Office of the Inspector General: 1-800-323-8603 or 518# ICE Detention Reporting and Information Line (DRIL) 1-888-351-4024 or 9116. The facility submitted an email instructing all SCJ staff to review the revised policy and once completed sign, and date, the training roster to confirm their review of the policy. In addition, the facility submitted the training roster which confirms staff, to include security, medical, mental health, and administration have received the required training. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

§115.81 - Medical and mental health assessments; history of sexual abuse.

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): SCJ policy 04.39 states, “If screening indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a mental health evaluation no later than two (2) working days from the date of the assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than seventy-two (72) hours after the referral.” An interview with an Intake Officer indicated if during a risk assessment a detainee discloses previous sexual abuse or has perpetrated sexual abuse the intake staff will print the assessment and place it into the medical box; however, in an interview with the Nursing Supervisor it was confirmed medical staff are in the facility Monday – Friday from 9:00 a.m. to 9:00 p.m.; and therefore, assessments from the medical box in the intake area, are not picked up until the following work day. Thus, detainees who identify as sexual abuse victims or sexual abuse perpetrators on the initial risk assessment after 9:00 pm on Friday, or over the weekend, may possibly not be seen by medical staff within two working days or by mental health staff within 72 hours. The Auditor reviewed one detainee file and confirmed the detainee had disclosed during intake he was recently sexually assaulted on the street; however, in a review of the file confirmed the detainee had not been immediately referred to a qualified medical or mental health practitioner for a medical and/or mental health follow-up as appropriate. An interview with the detainee whose file was reviewed confirmed he reported the allegation during intake; however, was not seen. An interview with the detainee whose file was reviewed further confirmed he reported the abuse to medical staff one month later at which time he was immediately referred to mental health. A review of the detainee mental health file confirmed the detainee was seen within the time requirements of the standard once the incident was reported to medical; however, the detainee was not immediately referred upon intake as required by subsection (a) of the standard.

Corrective Action:

The facility is not in compliance with subsection (a), (b), and (c) of the standards. An interview with an Intake Officer indicated if during a risk assessment a detainee discloses previous sexual abuse or has perpetrated sexual abuse the intake staff will print the assessment and place it into the medical box; however, in an interview with the Nursing Supervisor it was confirmed medical staff are in the facility Monday – Friday from 9:00 a.m. to 9:00 p.m.; and therefore, assessments from the medical box in the intake area, are not picked up until the following work day. Thus, detainees who identify as sexual abuse victims or sexual abuse perpetrators on the initial risk assessment after 9:00 pm on Friday, or over the weekend, may possibly not be seen by medical staff within two working days or by mental health staff within 72 hours. The Auditor reviewed one detainee file and confirmed the detainee had disclosed during intake he was recently sexually assaulted on the street; however, in a review of the file confirmed the detainee had not been immediately referred to a qualified medical or mental health

practitioner for a medical and/or mental health follow-up as appropriate. An interview with the detainee whose file was reviewed confirmed he reported the allegation during intake; however, was not seen. To become compliant, the facility must implement a practice which includes immediately referring detainees who identify as a sexual abuse victim or sexual abuse perpetrator on the initial risk assessment to a qualified medical or mental health professional. In addition, the facility must implement a practice requiring once a referral for medical follow-up is initiated, the detainee receives a health evaluation within two working days from the date of the assessment and when a referral for a mental health follow-up is initiated, the detainee receives a mental health evaluation no later than 72 hours after the referral. Once implemented the facility must submit documentation to confirm all intake, medical, and mental health staff have received training on the implemented practice. In addition, if applicable, the facility must submit five detainee files, and the corresponding medical and mental health files, of detainees who were identified as sexual abuse victims or predators during intake pursuant to the initial risk assessment.

Corrective Action Taken:

The facility submitted revised SCJ policy 4.02. The Auditor reviewed the revised policy and confirmed the policy states, “The booking officer will classify the inmate/detainee, utilizing criminal history, the Risk of Victimization and Abusiveness Screening Tool, ICE RCA’s, Medical screening tool and any relevant institutional summaries provided’ and “for positive screens (if yes to answered to the appropriate questions) the booking officer will print out the screening tool and have the detainee sign and date the form. The booking officer will then immediately forward the positive screen to the medical department for completion of the medical and mental health evaluations.” A review of revised SCJ policy 4.02 confirms the policy further states, “The Risk of Victimization and Abusiveness screening tool shall consider prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior instructional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive.” The facility submitted an email addressed to all jail staff, correction supervisors, and medical staff which includes “As stated on the form, if yes is answered to questions 1, 7, 8, 9, or 11, refer the detainee to medical or mental health immediately and indicate appropriately on the classification worksheet. Additionally, once a referral for medical follow-up is initiated, the detainee must receive a health evaluation within two working days from the date of the assessment and when a referral for mental health follow-up is initiated, the detainee must receive a mental health evaluation no later than 72 hours after the referral. To ensure that these requirements are followed, the form will need to be printed out and signed by the detainee with date and time. Staff will also need to fill out the remainder of the form, including signing and immediately notifying medical staff, and forward the form to them. If it occurs after hours, an email needs to be sent to medical, to notify them of the assessment answers and place the filled-out form in the medical box in booking. Once medical receives the forms and ensures that the detainees received the appropriate evaluations, they will notify me, and I will sign off to ensure that all procedures have been followed.” The facility submitted a revised Risk of Victimization and Abusiveness form. The Auditor reviewed the updated Risk of Victimization and Abusiveness form and confirmed the updated initial risk assessment includes prior acts of sexual abuse, prior convictions for violent offenses, and history of prior instructional violence or sexual abuse, as known to the facility (6), in assessing detainees for risk of being sexually abusive (12); however, the form only requires a referral to medical, and/or, mental health if a detainee answers yes to questions 1, 7, 8, 9, 10, or 11; and therefore, does not require detainees who have perpetrated sexual abuse to be referred as required by subsection (a) of the standard. The Auditor reviewed the files of five detainees who were placed on the Risk of Sexual Abusiveness/Victimization logs and confirmed none of the detainees were seen by medical, and/or mental health. A review of five detainee files further confirmed three of the detainees who identified as perpetrating sexual abuse on the initial risk assessment were also identified as experiencing sexual abuse and referred to mental health; however, the facility did not submit documentation to confirm the detainee was seen by mental health due to experiencing or perpetrating prior sexual abuse. A review of one detainee’s file confirms the detainee was placed on suicide risk on 10/3/2024 where it was determined the detainee had experienced sexual abuse and was referred to mental health; however, his initial risk assessment was completed on 10/4/2024 and indicated “no” for experiencing prior victimization. A review of the detainee’s file who was placed on suicide

watch further confirmed he was ultimately seen by mental health due to his risk of suicide and during his interview he reiterated his prior history of sexual abuse. A review of one detainee file who was identified as experiencing sexual victimization did not confirm the detainee was referred and/or seen by medical or mental health. Upon review of all submitted documentation, or lack thereof, the Auditor cannot confirm the facility has implemented a practice which includes immediately referring detainees who identify as a sexual abuse victim or sexual abuse perpetrator on the initial risk assessment to a qualified medical or mental health professional. In addition, a review of the documentation submitted, or lack thereof, does not confirm the facility implemented a practice which requires once a referral for medical follow-up is initiated, the detainee receives a health evaluation within two working days from the date of the assessment and when a referral for a mental health follow-up is initiated, the detainee receives a mental health evaluation no later than 72 hours after the referral. Therefore, the Auditor continues to find the facility does not meet subsections (a), (b), and (c) of the standard.

§115.86 - Sexual abuse incident reviews.

Outcome: Meets Standard (substantial compliance; compiles in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c): SCJ policy 04.39 states, “The Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation and, where the allegation was not determined to be Unfounded, prepare a written report within thirty (30) days of the conclusion of the investigation. In addition to the Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall: a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. b. Consider whether the incident or allegations was motivated by race; ethnicity; [sic] gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. d. All finding and recommendation for improvement will be documented on the Sexual Abuse Incident Review Report. Completed forms will be forwarded to the Facility Administrator, the facility PSA Compliance Manager, and the FSC PSA Coordinator. e. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. The Sexual Abuse Incident Review Report shall be forwarded to the FSC PSA Coordinator and the ICE Prevention of Sexual Assault (PSA) Coordinator through the local ICE Field Office. f. Each facility shall conduct an annual [sic] review of the all sexual abuse [sic] investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual [sic] reporting period, then the facility shall prepare a negative report. The results and finding of the annual [sic] review shall be provided to the Facility Administrator, FSC PSA Coordinator, and the ICE PSA Coordinator through [sic] the local ICE Field Office.” An interview the PSA Compliance Manager indicated the facility has established a process to conduct an incident review at the conclusion of an administrative investigation. The review will be documented on the DHS ICE Sexual Abuse or Assault Incident Review Form. A review of the form indicates the facility will consider if the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics at the facility. In addition, the review form includes recommendation and reasons the recommendations were not implemented if that was to occur. In an interview with the PSA Compliance Manager, it was further confirmed he could articulate the standard’s requirements to conduct the incident review within 30 days of the conclusion of the investigation and to forward to the incident review report and response to the Agency PSA Coordinator. The Auditor reviewed the facility 2023 Sexual Abuse Incident and Investigation Annual Review which serves as the facility’s negative report and confirmed the completed report had been forwarded to the Sheriff, the JA, AFOD and the SDDO. However, no documentation was provided to confirm the facility had forwarded the report to the Agency PSA Coordinator. There were no sexual abuse allegations reported at SCJ during the audit period.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed the facility 2023 Sexual Abuse Incident and Investigation Annual Review which serves as the facility's negative report and confirmed the completed report had been forwarded to the Sheriff, the JA, AFOD and the SDDO. However, no documentation was provided to confirm the facility had forwarded the report to the Agency PSA Coordinator. To become compliant, the facility must submit documentation which confirms the 2023 Sexual Abuse Incident and Investigation Annual Review has been forwarded to the Agency PSA Coordinator as required by subsection (c) of the standard.

Corrective Action Taken:

The facility submitted the SCJ Sexual Abuse Incident and Investigations Annual Review, dated February 2, 2024, for 2023. In addition, the facility submitted email documentation which confirmed the report has been forwarded to the facility Administrator, Agency PSA Coordinator, and the AFOD. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

AUDITOR CERTIFICATION:

I certify that the contents of the report are accurate to the best of my knowledge and no conflict of interest exists with respect to my ability to conduct an audit of the agency under review. I have not included any personally identified information (PII) about any detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.

Robin Bruck 12/12/2024

Auditor's Signature & Date

(b) (6), (b) (7)(C) 12/14/2024

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 12/13/2024

Assistant Program Manager's Signature & Date

**PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report**



**Homeland
Security**

AUDIT DATES

From:	3/05/2024	To:	3/07/2024
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AUDITOR INFORMATION

Name of auditor:	Robin Bruck	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(409) 866- (b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(409) 866- (b) (6), (b) (7)(C)

AGENCY INFORMATION

Name of agency:	U.S. Immigration and Customs Enforcement (ICE)
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FIELD OFFICE INFORMATION

Name of Field Office:	Detroit
Field Office Director:	Robert Lynch, Jr.
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	333 Mt. Elliott Street, Detroit, MI 48207

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Seneca County Jail
Physical address:	3040 South State Highway 100, Tiffin, Ohio 44883
Telephone number:	
Facility type:	Intergovernmental Service Agreement
PREA Incorporation Date:	3/29/2021

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone #:	419-447- (b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone #:	419-447- (b) (6), (b) (7)(C)

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

Directions: Discuss the audit process to include the date of the audit, names of all individuals in attendance, audit methodology, description of the sampling of staff and detainees interviewed, description of the areas of the facility toured, and a summary of facility characteristics.

The Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of Seneca County Jail (SCJ) was conducted March 5, 2024 – March 7, 2024, by U.S. Department of Justice (DOJ) and DHS Certified PREA Auditor Robin M. Bruck, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C), both DOJ and DHS Certified PREA Auditors. The PM's role is to provide oversight for the ICE PREA audit process and liaison with ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit review process. The purpose of the audit was to assess the facility's compliance with the DHS PREA Standards. SCJ is a county government facility governed by the Seneca County Sheriff's Office (SCSO) and operates under contract with the DHS ICE, Office of Enforcement and Removal Operations (ERO). The facility is located in Tiffin, Ohio. This audit was the first DHS PREA audit for the facility and included a review of the period between the facility's DHS PREA incorporation date of March 29, 2021, through March 7, 2024.

Approximately 30 days prior to the on-site audit, the ERAU Inspections and Compliance Specialist (ICS) Team Lead (TL) (b) (6), (b) (7)(C), provided the Auditor with the facility Pre-Audit Questionnaire (PAQ), Agency policies, facility policies, and other supporting documentation through the ICE SharePoint. The PAQ, policies, and supporting documentation had been organized utilizing the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into folders for ease of auditing. Prior to the on-site audit, the Auditor reviewed all documentation provided, the Agency website, and the facility website. The main policy that governs SCJ's sexual abuse prevention, intervention and response efforts is SCJ policy 04.39 Prison Rape Elimination Act (PREA).

An entrance briefing was held in the SCJ's training room on Tuesday, March 5, 2024, at 8:15 a.m. The ICE ERAU TL, (b) (6), (b) (7)(C), opened the briefing and turned it over to the Auditor. In attendance were:

(b) (6), (b) (7)(C) TL, Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU

(b) (6), (b) (7)(C) ICE Liaison, SCJ

(b) (6), (b) (7)(C) PSA Compliance Manager, SCJ

(b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer (SDDO), ICE/ERO
Robin Bruck, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC

The Auditor introduced herself and provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained the audit process is designed to not only assess compliance through written policy and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on a review of the policies and procedures, observations made during the facility on-site visit, documentation review, and conducting interviews with staff and detainees.

An on-site tour of the facility was conducted by the Auditor and key staff from SCJ and ICE. All areas of the facility where detainees are afforded the opportunity to go were observed. This included housing units, programming, booking/intake, recreation, visitation, laundry, food service, library, and medical areas. In addition, the Auditor observed the control center, sally port, and administrative offices. During the on-site audit, the Auditor made visual observations of (b) (7)(E). There were no notable blind spots within the facility. The Auditor

observed PREA information in all common areas of the facility, and near the detainee telephones, which included the DHS-prescribed sexual assault notice, the Detention and Reporting Information Line (DRIL) poster, DHS Office of Inspector General (OIG) poster, the Rape Abuse and Incest National Network (RAINN) poster, and information for contacting consular officials. The posters were predominately in English and Spanish. During the on-site audit, the Auditor tested the numbers provided for DRIL, OIG, RAINN, and the facility PREA Hotline. A test call to the facility PREA hotline indicated detainees would leave a message on the SCSO Detective's phone; however, if the SCSO Detective was unavailable there could be a lapse in the facility's response time to an allegation of sexual abuse.

SCJ utilizes (b) (7)(E) to assist with monitoring the detainees. (b) (7)(E), to include but not limited to (b) (7)(E). The facility has (b) (7)(E). (b) (7)(E). (b) (7)(E). (b) (7)(E). (b) (7)(E). The Auditor reviewed the (b) (7)(E).

A review of the SCJ's PAQ indicates the facility has 50 staff who may have recurring contact with the detainees, which includes 34 correctional staff (21 males and 13 females), 5 medical staff, 1 contracted doctor and 1 mental health staff contracted through Firelands Counseling and Recovery Services. Additional staff include administration, food service, and religious services. In addition, the facility utilizes volunteers for religious services. Correctional staff work in three shifts 0700-1500, 1500-2300, 2300-0700. The facility provided the Auditor with staff rosters for random selection of interviews and file reviews. The Auditor interviewed 27 staff members which included: the Jail Administrator (JA), PSA Compliance Manager, Human Resource Manager (HRM), Staff member who conducts unannounced PREA rounds, Retaliation Monitor, 1 Investigator, Classification Sergeant, Grievance Officer (GO), Disciplinary Officer, Incident Review Team Member, Nursing Supervisor, Mental Health Case Manager, Intake Officer, Segregation Officer, 6 random correctional officers (COs), 6 custody first responders. In addition, the Auditor interviewed one ICE staff (SDDO) and one contract staff non-security first responder. The Auditor did not conduct interviews with volunteers as there were none working in the facility during the on-site audit. All interviews were conducted in a private setting allowing for confidentiality for those participating in the interview process.

The Auditor conducted 21 detainee interviews, which included 9 random detainees, 10 limited English proficient (LEP) detainees (8 Spanish, 2 Romanian), 1 gay detainee, and 1 detainee who reported previous sexual abuse. All interviews were conducted in a private setting, allowing for confidentiality for those participating in the interview process.

The facility PREA Allegation Spreadsheet indicated the facility has had zero PREA allegations closed during the audit period.

An exit briefing was conducted on Thursday, March 7, 2024, at 1:00 p.m. The ICE ERAU TL opened the briefing and turned it over to the Auditor. In attendance were:

- (b) (6), (b) (7)(C) TL, ICS, ICE/OPR/ERAU
- (b) (6), (b) (7)(C) Assistant Field Office Director (AFOD), ICE/ERO (Via Teleconference)
- (b) (6), (b) (7)(C) Contracting Officer Representative (COR), ICE/ERO (Via Teleconference)
- (b) (6), (b) (7)(C) Sheriff, SCJ
- (b) (6), (b) (7)(C) JA, SCJ
- (b) (6), (b) (7)(C) ICE Liaison, SCJ

(b) (6), (b) (7)(C) PSA Compliance Manager, SCJ

(b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer (SDDO), ICE/ERO

Robin Bruck, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC

The Auditor spoke briefly and informed those present it was too early in the process to formalize a determination of compliance on each standard. The Auditor further advised she would review all documentation, interview notes, file review notes, and on-site observations to determine compliance. The Auditor thanked all facility staff for their cooperation in this audit process. The TL explained the audit report process, timeframes for any corrective action imposed, and the timelines for the final report.

SUMMARY OF AUDIT FINDINGS

Directions: Discuss audit findings to include a summary statement of overall findings and the number of provisions which the facility has achieved compliance at each level: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

Number of Standards Exceeded: 0

Number of Standards Met: 30

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.18 - Upgrades to facilities and technologies
- §115.21 - Evidence protocols and forensic medical examinations
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight
- §115.31 - Staff training
- §115.32 - Other training
- §115.33 - Detainee education
- §115.34 - Specialized training: Investigations
- §115.35 - Specialized training: Medical and mental health care
- §115.43 - Protective custody
- §115.52 - Grievances
- §115.54 - Third-party reporting
- §115.62 - Protection duties
- §115.63 - Reporting to other confinement facilities
- §115.64 - Responder duties
- §115.65 - Coordinated response
- §115.66 - Protection of detainees from contact with alleged abusers
- §115.67 - Agency protection against retaliation
- §115.68 - Post-allegation protective custody
- §115.71 - Criminal and administrative investigations
- §115.72 - Evidentiary standard for administrative investigations
- §115.73 - Reporting to detainees
- §115.76 - Disciplinary sanctions for staff
- §115.77 - Corrective action for contractors and volunteers
- §115.78 - Disciplinary sanctions for detainees
- §115.82 - Access to emergency medical and mental health services
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- §115.87 - Data collection
- §115.201 - Scope of Audit

Number of Standards Not Met: 10

- §115.13 - Detainee supervision and monitoring
- §115.15 - Limits to cross-gender viewing and searches
- §115.17 - Hiring and promotion decisions
- §115.41 - Assessment for risk of victimization and abusiveness
- §115.42 - Use of assessment information
- §115.51 - Detainee reporting
- §115.53 - Detainee access to outside confidential support services
- §115.61 - Staff reporting duties

- §115.81 - Medical and mental health assessments; history of sexual abuse
- §115.86 - Sexual abuse incident review

Number of Standards Not Applicable: 1

- §115.14 - Juvenile and family detainees

PROVISIONS

Directions: In the notes, the auditor shall include the evidence relied upon in making the compliance or non-compliance determination for each provision of the standard, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Corrective Action Plan Final Determination, accompanied by information on specific corrective actions taken by the facility. Failure to comply with any part of a standard provision shall result in a finding of "Does not meet Standard" for that entire provision, unless that part is specifically designated as Not Applicable. For any provision identified as Not Applicable, provide an explanation for the reasoning.

§115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator

Outcome: Meets Standard

Notes:

(c): SCJ policy 04.39 states, "The Sheriff's Office has zero tolerance for incidence of rape, sexual assault, sexual misconduct, or sexual harassment, and makes every effort to comply with applicable components of DHS PREA standards." A review of the policy confirms the policy includes definitions of sexual abuse and general PREA definitions. The policy outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment through, but not limited to, hiring practices, training, unannounced security inspections, mandatory reporting protocols, investigations, and support from victim advocates. During the on-site audit, the Auditor observed the DHS-prescribed sexual abuse and assault awareness notice posted in all housing units and programming areas within the facility. Interviews with staff and detainees confirmed their knowledge of the Agency and the facility's zero-tolerance stance on sexual abuse of the detainees. Interviews with the SDDO and the JA confirmed SCJ policy 04.39 has been reviewed and approved by the Agency.

(d): SCJ policy 04.39 states, "The Sheriff's Office shall designate an administrative level manager as the Prevention of Sexual Assault (PSA) Compliance Manager. The PSA Compliance Manager shall serve as the facility point-of-contact for the local Immigration and Customs Enforcement (ICE) Field Office and the ICE PSA Coordinator. The PSA Compliance Manager must have sufficient time and authority to oversee facility efforts to comply with facility sexual abuse and assault prevention and intervention policies and procedures." An interview with the PSA Compliance Manager indicated he has sufficient time and authority to oversee the facility's efforts to comply with the facility sexual abuse prevention and intervention policies and procedures. An interview with the PSA Compliance Manager further indicated he serves as the facility point of contact for the Agency PSA Coordinator.

Corrective Action:

No corrective action needed.

§115.13 - Detainee supervision and monitoring

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): SCJ policy 01.04, Staffing, states, "The Seneca County Sheriff's Office will develop comprehensive detainee supervision guidelines to determine and meet the facility's detainee supervision needs and shall review those guidelines at least annually. Each facility will ensure sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: a. Generally accepted detention and correctional practices. b. Any judicial findings of inadequacy. c. All components of the facility's physical plant. d. The composition of the detainee population. e. The prevalence of Substantiated and Unsubstantiated incidents of sexual abuse. f. Recommendations of sexual abuse incident review reports. g. Any other relevant factors, including but not limited to the length of time detainees spend in agency custody. Whenever necessary, but no less frequently than once each year, for each, an annual

PREA Staffing Plan Assessment will be completed.” During the on-site audit the Auditor observed adequate staff assigned throughout the facility. Interviews with the JA and PSA Compliance Manager indicated a review of staffing levels and the need for video monitoring is conducted on an annual basis; however, the Auditor could not confirm that the review considers all elements required by subsection (c) of the standard to determine adequate staffing levels and the need for video monitoring which include; generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in the Agency custody. Interviews with the JA and PSA Compliance Manager further indicated the facility have developed comprehensive detainee supervision guidelines to meet the supervision needs of the facility. An interview with the PSA Compliance Manager indicated the guidelines are reviewed annually. The Auditor reviewed the facility comprehensive detainee supervision guidelines and confirmed the guidelines had been reviewed on September 9, 2023.

(d): SCJ policy 04.39 states, “Staff, including supervisors, shall conduct frequent unannounced security inspection rounds to identify and deter sexual abuse against detainees. The occurrences of such rounds shall be documented in the applicable log as Walk Througths. [sic] This practice shall be implemented on all shifts (to include night, as well as day) and in all areas where detainees are permitted to go. Employees shall be prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational function of the facility.” An interview with the PSA Compliance Manager indicated all custody staff are required to conduct unannounced security inspections at the facility. The inspections are documented in the facility Case Management System (CMS) and are identified as an Inside Security/PREA Check. An interview with the PSA Compliance Manager further indicated if a staff member is found to be alerting other staff when the inspections are occurring the staff member could face disciplinary action. An interview with a staff member who conducts unannounced security inspections confirmed he was knowledgeable and could articulate unannounced security inspections are to identify and deter sexual abuse of detainees. During the on-site audit, the Auditor observed the CMS and confirmed unannounced security inspections are being conducted on an irregular basis every day and on every shift.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. Interviews with the JA and PSA Compliance Manager indicated a review of staffing levels and the need for video monitoring is conducted on an annual basis; the Auditor could not confirm that the review considers all elements required by subsection (c) of the standard to determine adequate staffing levels and the need for video monitoring which include; generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in the Agency custody. To become compliant, the facility must submit documentation to confirm when determining adequate staffing levels of detainee supervision and the need for video monitoring, the facility takes into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in the agency custody.

§115.14 - Juvenile and family detainees

Outcome: Not Applicable

Notes:

(a)(b)(c)(d): The Auditor reviewed a memorandum to the file which states, “Seneca County Jail does not house juveniles.” Interviews with the JA and PSA Compliance Manager and the Auditor on-site observations confirmed the facility does not house juveniles or family units; and therefore, standard 115.14 is not applicable.

Corrective Action:

No corrective action needed.

§115.15 - Limits to cross-gender viewing and searches

Outcome: Does Not Meet Standard

Notes:

(b)(c)(d)(e)(f): SCJ policy 04.39 states, “Whenever operationally feasible, staff conducting a search must be of the same gender, gender identity, or declared gender as the detainee being searched. Pat searches of male detainees by female staff shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required, or in exigent circumstances. Pat searches of female detainees by male staff shall not be conducted unless in exigent circumstances. All cross-gender pat searches of detainees will be documented in a logbook including details of exigent circumstances. Strip searches of detainees by staff of the opposite gender shall not be conducted except in exigent circumstances, or when performed by medical practitioners.” SCJ policy 04.39 further states, “Body cavity searches will only be conducted by a medical professional and take place in an area that affords privacy from other detainees and from facility staff who are not involved in the search. Staff of the opposite gender, other than a designated qualified medical profession, shall not observe a body cavity search. All strip searches and visual body cavity searches shall be documented. If a strip search of any detainee does occur, the search shall be documented on a jail incident report and strip search form.” In addition, SCJ policy 04.39 states, “Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees.” The Auditor reviewed the Corrections Basic Training – Body Searches and confirmed the curriculum requires, “Male officers should perform frisk searches only on male inmates except when the delay to obtain an officer of the same sex would significantly impact the safety of staff or the inmate(s); however, subsection (c) of the standard requires cross-gender pat-down searches of female detainees not be conducted unless in exigent circumstances.” A review of the Corrections Basic Training – Body Searches curriculum further confirmed the curriculum requires female officers should perform frisk searches only on female inmates; however, female officers assigned to supervise male housing units may routinely search male inmate(s) in the course of her duties and subsection (b) of the standard requires cross-gender pat-down searches of male detainees not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. The Auditor reviewed memorandums to the file which indicated the facility has not performed any cross-gender pat-down searches, strip searches, cross-gender strip searches, or visual body cavity searches during the audit period. Interviews with the PSA Compliance Manager and six COs confirmed they were aware cross-gender pat-down searches, strip searches, cross-gender strip searches, and visual body cavity searches are strictly prohibited; however, if there were exigent circumstances which required these types of searches they would be documented in a Cross-Gender Search Log. During the on-site audit, the Auditor confirmed the facility utilizes (b) (7)(E)

(b) (7)(E) on both a female and male detainee and confirmed when (b) (7)(E) was operated by a female officer and (b) (7)(E) was operated by a male officer. In addition, the Auditor observed during (b) (7)(E) of both the male and female detainee facility staff positioned themselves to conceal (b) (7)(E) from anyone in the area. Interviews with 21 detainees confirmed they had received a pat-down searched upon entry to the facility in a professional and respectful manner by a staff member of the same gender. Interviews with 21 detainees further confirmed they had not been strip searched by anyone at the facility. During the on-site audit, the Auditor observed a pat-down search of a detainee and confirmed the search had been conducted by a staff member of the same gender.

(g): SCJ policy 04.39 states, “Detainees shall be able to shower, perform bodily functions, and change clothing

without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement.” SCJ policy 04.39 further states, “Employees of the opposite gender must announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.” During the on-site audit, the Auditor (b) (7)(E)

. During the on-site audit the Auditor further observed staff announcing their presence when entering units housing detainees of the opposite gender. Interviews with four male COs indicated if they were to enter the female housing units, they would request the presence of a female officer and an announcement would be made prior to entering the housing unit. Interviews with two female detainees confirmed male staff enter the housing units with a female officer and an announcement is made when entering the unit. Interviews with two female COs further indicated they would announce their presence prior to entering the male housing unit; however, interviews with 19 male detainees indicated, except for the Auditor’s on-site tour, they have never heard female staff announce themselves when entering the units housing male detainees.

(h): SCJ is not designated as Family Residential Center; therefore, the Auditor has determined provision (h) is not applicable.

(i)(j): SCJ policy 04.39 states, “In addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs.” [sic] SCJ policy 04.39 further states, “The facility shall not search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee’s genital status. If the detainee’s genital status is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.” The Auditor reviewed the Corrections Basic Training – Body Searches and confirmed the curriculum requires, “Male officers should perform frisk searches only on male inmates except when the delay to obtain an officer of the same sex would significantly impact the safety of staff or the inmate(s); however, subsection (c) of the standard requires cross-gender pat-down searches of female detainees not be conducted unless in exigent circumstances.” A review of the Corrections Basic Training – Body Searches curriculum further confirmed the curriculum requires female officers should perform frisk searches only on female inmates; however, female officers assigned to supervise male housing units may routinely search male inmate(s) in the course of her duties and subsection (b) of the standard requires cross-gender pat-down searches of male detainees not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. In addition, the Auditor’s review of the Corrections Basic Training – Body Searches curriculum confirms the curriculum requires when searching a transgender or intersex inmate “a. Options recommended by the National Prison Rape Elimination Act Reporting Center (1) have a female officer conduct the search (2) Ask the inmate if he/she has a preference for a male or female officer to conduct the search (3) have medical staff conduct the search if properly trained to do so. b. Determining genital status (1) have a conversation with the inmate (2) Review medical records (3) Request an evaluation by a medical practitioner.” In an interview with the PSA Compliance Manager, it was indicated staff are provided additional on the job training which includes “Pat Down New Inmate”; however, the Auditor was not provided the curriculum; and therefore, could not confirm the curriculum included the training required by subsection (j) of the standard. In addition, the facility has not provided any documentation to confirm staff have received the required training. Interviews with six random COs confirmed they could not articulate how to conduct a pat-down search of a transgender or intersex detainee; however, they were aware they could not conduct a search of a transgender or intersex detainee for the sole purpose determining the detainee’s genital status.

Corrective Action:

The facility is not in compliance with subsections (b) and (c) of the standard. The Auditor reviewed the Corrections Basic Training – Body Searches and confirmed the curriculum requires, “Male officers should perform frisk searches only on male inmates except when the delay to obtain an officer of the same sex would significantly impact the safety of staff or the inmate(s);” however, subsection (c) of the standard requires cross-gender pat-down searches of female detainees not be conducted unless in exigent circumstances. A review of the Corrections Basic Training – Body Searches curriculum further confirmed the curriculum requires female officers should perform frisk searches only on female inmates; however, female officers assigned to supervise male housing units may routinely search male inmate(s) in the course of her duties and subsection (b) of the standard requires cross-gender pat-down searches of male detainees not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. To become compliant the facility must update the facility training curriculum Corrections Basic Training – Body Searches to include the requirements of subsections (b) and (c) of the standard. Once updated the facility must provide documentation to confirm all security staff have been trained on the updated curriculum.

The facility is not in compliance with subsection (g) of the standard. Interviews with two female COs further indicated they would announce their presence prior to entering the male housing unit; however, interviews with 19 male detainees indicated, except for the Auditor’s on-site tour, they have never heard female staff announce themselves when they enter the units housing male detainees. To become compliant, the facility must submit documentation to confirm all security staff have received training on the standard’s requirement that staff announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.

The facility is not in compliance with subsection (j) of the standard. The Auditor reviewed the Corrections Basic Training – Body Searches and confirmed the curriculum requires, “Male officers should perform frisk searches only on male inmates except when the delay to obtain an officer of the same sex would significantly impact the safety of staff or the inmate(s);” however, subsection (c) of the standard requires cross-gender pat-down searches of female detainees not be conducted unless in exigent circumstances. A review of the Corrections Basic Training – Body Searches curriculum further confirmed the curriculum requires female officers should perform frisk searches only on female inmates; however, female officers assigned to supervise male housing units may routinely search male inmate(s) in the course of her duties and subsection (b) of the standard requires cross-gender pat-down searches of male detainees not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. Therefore, the training curriculum is not compliant with the standard’s requirements on conducting cross-gender pat-down searches. In addition, staff are provided on the job training which includes “Pat Down New Inmate”; however, the Auditor was not provided the curriculum for this training. In review of the Corrections Basic Training – Body Searches is not in compliance with the subsection (b) of the standard. The curriculum indicates if a female officer is assigned to a male housing unit, she may routinely search the male inmates. In an interview with the PSA Compliance Manager, it was indicated staff are provided additional on the job training which includes “Pat Down New Inmate”; however, the Auditor was not provided the curriculum; and therefore, could not confirm the curriculum included the training required by subsection (j) of the standard. In addition, the facility has not provided any documentation to confirm staff have received the required training. Interviews with six random COs confirmed they could not articulate how to conduct a pat-down search of a transgender or intersex detainee. In addition, the facility has not provided any documentation to confirm staff have received this training. To become compliant, the facility must update the Corrections Basic Training – Body Searches to include the standard’s requirements in conducting searches of detainees including cross-gender pat-down searches and searches of transgender or intersex detainees to include all pat-down searches shall be conducted professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and Agency policy including consideration for officer safety. Once the training curriculum, Corrections Basic Training –

Body Searches, is updated the facility must submit documentation to confirm all security staff have received training on the updated curriculum.

§115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient

Outcome: Meets Standard

Notes:

(a)(b): SCJ policy 04.39 states, “The facility shall ensure that detainees with disabilities (including, but not limited to, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, have an equal opportunity to participate in or benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse. When necessary to ensure effective communication [sic] with detainees who are deaf or hard of hearing, or detainees who have intellectual, psychiatric, or speech disabilities, limited reading skills, or who are blind or have low vision, the facility shall attempt to accommodate [sic] the detainee by providing: a. Access to in-person, telephonic, or video interpretative services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. b. Access to written materials related to sexual abuse in formats or through [sic] methods that ensure effective communication [sic]. c. Auxiliary aids such as readers, materials in braille (if available), audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters, and notetakers.” SCJ policy 04.39 further states, “Detainees with LEP will be provided in-person or telephonic interpretation services. The facility will provide access to the Language Line or other similar translation service at no cost to the detainee. Where practicable, provisions for written translation of materials related to sexual abuse or assault shall be made for any significant segments of the population with LEP. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate.” Interviews with the PSA Compliance Manager/Classification Officer, an Intake Officer, and six random COs indicated reasonable accommodations are made to ensure a detainee receives notification, orientation, and instruction on the facility’s sexual abuse prevention and response, to include but not limited to, the use of a teletypewriter (TTY) or Telecommunication device for the deaf (TDD) phone, for those detainees who are deaf or hearing impaired. Interviews with the PSA Compliance Manager/Classification Officer, an Intake Officer, and six random COs further indicated if a detainee has low vision or blind, or has limited reading skills, staff will read the information to the detainee and if a detainee demonstrates intellectual, psychiatric, or speech disabilities, staff will utilize the necessary vocabulary to establish effective communication. In addition, interviews with the PSA Compliance Manager/Classification Officer, an Intake Officer, and six random COs indicated if a detainee’s disability prohibits effective communication staff will seek the assistance of the facility medical or mental health staff to ensure effective communication. Interviews with the PSA Compliance Manager/Classification Officer, an Intake Officer, and six random COs further indicated all written materials related to sexual abuse are provided in formats which enable effective, accurate, and impartial interpretation. During the on-site audit, the Auditor observed the 2023 ICE National Detainee Handbook, and confirmed it is available in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, K’iche’(Quiche)/Kxlantzij, and Vietnamese. During the on-site audit, Auditor further observed the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet, in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese. In addition, the Auditor observed the facility Supplemental Detainee Handbook, available in 10 languages, specifically English, Spanish, Portuguese, Chinese, Russian, Romanian, Hindi, Haitian Creole, French and Arabic and the facility PREA Orientation document, available in 10 languages, specifically English, Spanish, Portuguese, Chinese, Russian, Romanian, Hindi, Haitian Creole, French and Arabic. In addition, during the on-site audit the Auditor partially observed an intake of a detainee and confirmed all written material had been provided to the detainee in his preferred language by use of a language line to provide information to the detainee to include all aspects of the facility’s and Agency’s efforts to prevent, detect, and respond to sexual abuse. In an interview with an Intake staff it was

indicated, with the assistance of Microsoft 365 program, the facility could translate all written materials regarding sexual abuse to any language necessary. The Auditor reviewed 10 detainee files and confirmed all detainees had received the ICE National Detainee Handbook, the facility Supplemental Detainee Handbook, and the DHS-prescribed SAA Information pamphlet, in their preferred language. Interviews with 21 detainees confirmed, during intake into the facility, all written material had been provided to them in their preferred language.

(c): SCJ policy 04.39 states, “Interpretation services shall be provided by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse.” Interviews with six random COs confirmed they would not utilize a detainee for interpretation unless the detainee expressed a preference, and ICE determined the interpretation is appropriate and consistent with DHS policy. The PSA Compliance Manager/Investigator confirmed investigators would utilize the facility language line when investigating an allegation of sexual abuse; however, if the detainee victim requested another detainee to interpret, and ICE approved the request, it would be facilitated and documented in the investigative report. There were no allegations of sexual abuse reported at SCJ during the audit period; and therefore, no investigative files were reviewed.

Corrective Action:

No corrective action needed.

§115.17 - Hiring and promotion decisions

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 7-6.0 outlines “misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application.” The Unit Chief of OPR Personnel Security Operations (PSO) informed auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. SCJ policy 04.39 states, “To the extent permitted by law, Seneca County Sheriff’s Office will decline to hire or promote any individual and decline to enlist the services of any contractor or volunteer, who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). To the extent permitted by law, Seneca County Sheriff’s Office will decline to hire or promote any individual, and decline to enlist the services of any contractor or volunteer, who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity as outlined above. To the extent permitted by law, Seneca County Sheriff’s Office may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. All applicants, employees, and contractor who may have direct contact with detainees shall be asked about previous misconduct, as outlined above, in written

applications or interviews for hiring or promotions, and in any interview or written self-evaluations as part of reviews of current employees.” A review of SCJ policy 04.39 confirms the facility practice does not ensure SCJ will not hire or promote any individual or enlist the services of any contractor or volunteer, who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). A review of SCJ policy 04.39 further confirms the facility practice does not ensure SCJ will not hire or promote any individual, or enlist the services of any contractor or volunteer, who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity as outlined above. In addition, a review of SCJ policy 04.39 confirms the facility practice does not ensure SCJ will not hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. SCJ policy 04.39 further states, “Before hiring new employees who may have contact with detainees, a criminal records background check shall be required. Seneca County Sheriff’s Office shall further ensure that a criminal records check is completed before enlisting the services of any contractor who may have contact with detainees.” In addition, SCJ policy 04.39 states, “Consistent with federal, state, and local law the Seneca County Sheriff’s Office facilities shall make its best efforts to contact all prior institutional employer for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. Unless prohibited by law, Seneca County Sheriff’s Office shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.” The Auditor reviewed a memorandum to the file which states, “Seneca County Jail staff are under continuing duty to report misconduct. Supporting documentation is scanned into each employee digital personnel file. Supporting documents have been provided.” An interview with the PSA Compliance Manager/HRM indicated all potential employees and contractors are required to complete an on-line application through the Guardian Alliance Technologies System and once the application is complete the potential employee or contractor must digitally sign the on-line application certifying they have personally completed each page of the Personal History Questionnaire (PHQ) and all statements are true and correct to the best of their knowledge and belief; however, a review of the on-line application confirmed it does not require material omissions regarding such misconduct, or the provision of materially false information would be grounds for termination or withdrawal of an offer of employment. An interview with the PSA Compliance Manager/HRM further indicated the potential employee or contractor would participate in an interview and if the applicant passes the interview, the applicant will be asked to provide fingerprints for a background check to be conducted to include a computerized criminal history (CCH) and a review by the National Crime Information Center (NCIC). In addition, an interview with the PSA Compliance Manager/HRM indicated if the applicant has previous correctional experience the prior employer would be contacted to obtain information of any noted misconduct to include substantiated allegations of sexual abuse and the same information would be provided to another institution conducting a background check on a former SCJ employee. In an interview with the PSA Compliance Manager/HRM it was further indicated the facility has recently implement an Annual Performance Review PREA Considerations form to also be utilized prior to hiring which states, “Have you: (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC § 1997; (b) Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (c) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section.” In addition, in an interview with the PSA Compliance Manager/HRM it was indicated if a candidate, to include potential staff, contractor or volunteer, indicated yes to any of the questions they would not move forward to the interview process. In an interview with the PSA Compliance Manager/HRM it was further indicated in January 2024, all staff and contractors were asked to review and sign the form; however, the PSA Compliance Manager/HRM could not articulate the facility utilized the form prior to utilizing the services of facility volunteers or employees were advised of their continuing duty to report misconduct related to sexual abuse. The Auditor reviewed one applicant’s file and confirmed the applicant completed the Annual Performance Review

PREA Considerations form prior to hiring. During the on-site audit, in addition to the one applicant, the Auditor reviewed seven employee files and two contract employee files and confirmed a criminal background check had been completed on all perspective employees; however, the facility was unable to locate documentation to confirm one of the contract employees had undergone a background check; and therefore, the facility immediately conducted an CCH/NCIC background check request and provided documentation to the Auditor. A review of the seven employee files further confirmed all employees had completed an Annual Performance Review PREA Considerations form. The Auditor submitted two ICE staff to the PSO Background Investigation for Employees and Contractors and confirmed completed background checks for both names submitted. In an interview with the PSA Compliance Manager/HRM and SDDO it was confirmed there were no facility or ICE staff promoted during the audit period.

Corrective Action:

The facility is not in compliance with subsections (a), (b), and (e) of the standard. A review of SCJ policy 04.39 confirms the facility practice does not ensure SCJ will not hire or promote any individual or enlist the services of any contractor or volunteer, who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). A review of SCJ policy 04.39 further confirms the facility practice does not ensure SCJ will not hire or promote any individual, or enlist the services of any contractor or volunteer, who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity as outlined above. In addition, a review of SCJ policy 04.39 confirms the facility practice does not ensure SCJ will not hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. In an interview with the PSA Compliance Manager/HRM it was further indicated the facility has recently implement an Annual Performance Review PREA Considerations form; however, the PSA Compliance Manager/HRM could not articulate the facility utilized the form prior to utilizing the services of facility volunteers or employees. In addition, in an interview with the PSA Compliance Manager/HRM it was confirmed the PSA Compliance Manager/HRM could not articulate staff were advised of their continuing duty to report misconduct related to sexual abuse. An interview with the PSA Compliance Manager/HRM indicated that all potential employees and contractors are required to complete an on-line application through the Guardian Alliance Technologies System. Once the application is completed the potential employee or contractor must digitally sign certifying they have personally completed each page of the Personal History Questionnaire (PHQ) and all statements are true and correct to the best of their knowledge and belief; however, a review of the on-line application confirmed it does not require material omissions regarding such misconduct, or the provision of materially false information would be grounds for termination or withdrawal of an offer of employment. To become compliant, the facility must implement a practice which ensures the facility will not hire or promote any individual or enlist the services of any contractor or volunteer, who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). The facility must implement a practice which ensures the facility will not or promote any individual, or enlist the services of any contractor or volunteer, who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity as outlined above. In addition, the facility must implement a practice which ensures the facility will not hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. The facility must implement procedures which require volunteers to complete the Annual Performance Review PREA Considerations form prior to utilizing their services, and to inform potential applicants of their continuing duty to report misconduct related to sexual abuse. Once implemented the facility must provide documentation to confirm all required procedures have been implemented. If applicable, the facility must submit the files of five newly

hired employees, any promoted employees, and any volunteers admitted to the facility that occur during the corrective action plan (CAP) period.

§115.18 - Upgrades to facilities and technologies

Outcome: Meets Standard

Notes:

(a)(b): SCJ policy 04.39 further states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, Seneca County will consider the effect of the design, acquisition, expansion, or modification on the company’s ability to protect detainees from sexual abuse. Such considerations shall be documented on 7-1-B PREA Physical Plant Considerations form. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, Seneca County will consider how such technology may enhance the ability to protect detainees from sexual abuse.” An interview with the JA indicated the installation of the (b) (7)(E). The upgrade was completed to enhance the facilities ability to protect detainees in general to include protection from sexual abuse. During the on-site audit, the Auditor observed the placement of the (b) (7)(E). Compliance was determined based on policy, interviews, and the Auditor direct observations.

Corrective Action:

No corrective action needed.

§115.21 - Evidence protocols and forensic medical examinations

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): The Agency’s Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency’s evidence and investigation protocols. Per Policy 11062.2, “when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility’s incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted.” SCJ policy 04.39 states, “Investigations conducted by a facility employee for allegations of sexual abuse and assault will be handled in accordance with the Code of Federal Regulations, Title 6, Part 115.21, Evidence Protocol and Forensic Medical Examinations. If the facility is not responsible for investigating such allegations, the facility shall request through the Memorandum of Understanding that the responsible outside agency or entity (i.e. state or local law enforcement, contracting agency, etc.) comply with these requirements. The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.” SCJ policy 04.39 further states, “The investigating entity shall offer all victims of sexual abuse and assault access to forensic medical examinations, whether onsite or an outside facility, without financial cost, where evidentiary or medically appropriate and only with the detainee’s consent. Such examinations shall be performed by a SAFE or SANE where possible. If SAFEs or SANEs cannot [sic] be made available, the examination can be performed by other qualified medical practitioners. The investigating entity shall document its efforts to provide SAFEs or SANEs. The investigating entity shall attempt to make available a victim advocate from a rape crisis center. The investigating entity may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provides similar victim services. If the approved victim advocate is not available to provide services, the investigating entity may make available a qualified staff member from a community-based organization, or a qualified investigating entity staff

member, to provide these services. As requested by the victim, either the victim advocate, a qualified investigating entity staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.” The Auditor reviewed a memorandum which states, “Seneca County Jail does not have an MOU to provide SAFE or SANE. These are employed by the Tiffin Mercy Hospital which is the local hospital. In the event they are needed, we would transport the individual to this hospital for the exam.” Interviews with the PSA Compliance Manager/Investigator and a SCSO Detective indicated the SCSO is responsible for conducting criminal investigations and the facility investigator is responsible for conducting an administrative investigation. In an interview with the PSA Compliance Manager/Investigator it was indicated there are five hospitals within the surrounding area; however, although each hospital has a SANE or SAFE, they are not available 24/7; and therefore, if a detainee requires a SANE or SAFE examination, the facility medical staff would call each hospital to determine which hospital had a SANE or SAFE on duty and the detainee would be transported to that hospital to include, if necessary, transporting the detainee to a hospital in Toledo, Ohio which offers 24/7 SANE and SAFE nurses. However, interviews with the PSA Compliance Manager/Investigator could not confirm what hospital detainee victims of sexual abuse would be transported to following an incident of sexual abuse; and therefore, the Auditor could not contact a hospital to confirm they would provide evidentiary or medically appropriate services, at no cost to the detainee, and only with the detainee’s consent. An interview with the HSA indicated a victim advocate is provided during a SANE/SAFE exam for emotional support and crisis intervention by the hospital; however, no documentation was submitted to confirm any of the hospitals available to the facility would provide a qualified victim advocate to provide emotional support, crisis intervention, or referrals. In an interview with the PSA Compliance Manager, it was indicated a victim advocate would be provided through the local prosecutor’s Victim Assistance Program to provide emotional support, crisis intervention, and referrals at the hospital. However, during the on-site audit the Auditor spoke with a victim advocate from the Victim Assistance Program and confirmed a victim advocate would be provided to provide emotional support, crisis intervention, and referrals at the hospital to include investigatory interviews. In an interview with the PSA Compliance Manager, it was indicated the facility utilizes RAINN for crisis intervention and counseling. During the on-site audit, utilizing the detainee phones, the Auditor spoke with an Advocate from RAINN and confirmed if a detainee victim of sexual abuse calls, they would provide telephonic crisis intervention and counseling for up to 20 minutes per call. During an interview with the SCSO Detective it was confirmed both entities are part of the same agency; and therefore, are required to follow the requirements of subsection (a - d) of the standard; however, she could not articulate knowledge of PREA standard §115.21. There has not been an allegation of sexual abuse reported at SCJ during the audit period. Interviews with the SDDO and the JA confirmed SCJ policy 04.39 was developed in consultation with DHS. The facility does not house juveniles.

Corrective Action:

No corrective action needed.

§115.22 - Policies to ensure investigation of allegations and appropriate agency oversight

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided Policy 11062.2, which states in part that; “when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO’s Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding “Protocol on Reporting and Tracking of Assaults” (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to

procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG).” SCJ policy 04.39 states, “All allegations of sexual abuse shall be promptly reported to a detective, unless the allegation does not involve potentially criminal behavior. The highest-ranking authority on site or the Shift Supervisor shall notify a detective.” SCJ policy 04.39 further states, “When a detainee, of the facility in which an alleged detainee victim is housed, is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director/designee. When a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director/designee, and to any local government entity or contractor.” The Auditor reviewed a memorandum to the file which states, “Seneca County Sheriff’s Office is a law enforcement agency that conducts criminal investigations and complies with (a) through (d) of this provision.” The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the SCSO website (<https://senecacountyso.org/sso/divisions/corrections>) and confirmed the required protocols are posted and available to the general public. Interviews with the JA and PSA Compliance Manager indicated all allegations of sexual abuse would be reported to the SCSO Detective, FOD, the Joint Intake Center (JIC), and the OPR. An interview with the facility PSA Compliance Manager/Investigator indicated an administrative investigation would begin once the SCSO Detective approves moving forward with an administrative investigation. There have been no sexual abuse allegations reported at SCJ during the audit period; and therefore, no criminal or administrative investigation has been conducted.

Corrective Action:

No corrective action needed.

§115.31 - Staff training

Outcome: Meets Standard

Notes:

(a)(b)(c): SCJ policy 04.39 states, “Training on the facility’s Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all new employees and shall also be included in annual refresher/in-service training thereafter. Employee training shall ensure facility staff are able to fulfill their responsibilities under the DHS standards, and shall include a. The facility’s zero-tolerance policies for all forms of sexual abuse. b. Definitions and examples of prohibited and illegal sexual behavior. c. The right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse. d. Instructions that sexual abuse and/or assault is never an acceptable consequence of detention. E. Recognition of situations where sexual abuse and/or assault may occur. f. How to avoid inappropriate relationships with detainees. g. Working with vulnerable population and addressing their potential vulnerability in the general population. h. Recognition of the physical, behavioral and emotional signs of sexual abuse and/or assault and ways to prevent and respond to such occurrences. i. The requirement to limit reporting of sexual abuse and assault to personnel with a need-to-know in order to make decisions concerning the detainee-victim’s welfare, and for law enforcement/investigative purposes. j. The investigation process and how to ensure that evidence is not destroyed. k. Prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities. l. How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees. m. Procedures for reporting knowledge or suspicion of sexual abuse and/or assault. n. Instructions on documentation and referral procedures for all allegations or suspicion of sexual abuse and or assault.” SCJ policy 04.39 further states, “Employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the employee’s training file.” In an interview with the PSA Compliance Manager, it was indicated staff and contractor PREA training began in 2023. The facility utilizes the PREA Resource Center’s (PRC) PREA Refresher-PREA Basics for training of all staff and staff contractors. The Auditor reviewed the training curriculum and confirmed the training covers the required elements of subsection

(a) of the standard to include the Agency and the facility's zero tolerance policies for all forms of sexual abuse; definitions and examples of prohibited and illegal behavior; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting on prohibited and illegal behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming detainees; procedures for reporting knowledge, suspicion of sexual abuse; and the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare for law enforcement or investigative purposes. In an interview with the PSA Compliance Manager, it was further indicated in addition to PRC training staff are required to complete training on the facility SAAPI policy 04.39. The facility provided the Auditor with sign-in sheets which confirmed all staff and contractors working in the facility have completed both required training curriculums for 2023. In addition, the Auditor reviewed two ICE staff PREA Training histories and confirmed they had received PREA training as required by the standard. Interviews with six random COs indicated they were knowledgeable of PREA and the facility SAAPI policy.

Corrective Action:

No corrective action needed.

§115.32 - Other training

Outcome: Meets Standard

Notes:

(a)(b)(c): SCJ policy 04.39 states, "The facility shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees shall be notified of the facility's zero-tolerance policy and informed how to report [sic] such incidents. Civilians/contractors/volunteers who have contact with detainees on a recurring basis shall be provided a copy of this policy prior to admission to the facility to begin their assignment or task." SCJ policy 04.39 further states, "Civilians/contractors/volunteers shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the civilian or contractor's file." The facility PAQ indicates the facility utilizes volunteer for religious services. The Auditor reviewed the Seneca County Guide on Sexual Abuse Assault Prevention and Intervention (SAAPI) for Volunteers and Contractor training curriculum and confirmed the training covers the required elements to include their responsibilities under the Agency and facility sexual abuse prevention, detection, intervention and response policies and procedures; the Agency and facility zero-tolerance policies regarding sexual abuse; and information on how to report an incident of sexual abuse. In addition, the facility provided the Auditor with documentation to confirm all current volunteers have received the required training and signed acknowledgments indicating they understood the training. At the time the on-site was conducted, there were no volunteers working; and therefore, the Auditor did not conduct an interview. During the on-site audit, the Auditor observed a box at the entry of facility, which held the "Volunteer, Contractors and Vendor PREA" form required to be viewed by each person entering the facility. In addition, during the on-site audit the Auditor reviewed two vendor files and confirmed they had completed the training.

Corrective Action:

No corrective action needed.

§115.33 - Detainee education

Outcome: Meets Standard

Notes:

(a)(b)(c)(e)(f): SCJ policy 04.39 states, “During the intake process, all detainees shall be notified of the facility zero tolerance policy on sexual abuse and assault. Detainees will be provided with information (orally and in writing) about the facility’s SA-API Program. Such information shall include, at a minimum: a. The facility’s zero tolerance policy for all forms of sexual abuse or assault. b. Prevention and intervention strategies. c. Definitions and examples of detainee-on-detainee sexual abuse and assault, staff-on-detainee sexual abuse and assault and coercive sexual activity. d. Explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact line officer, the OHS/Office of Inspector General [sic] and the ICE/Office of Professional Responsibility (OPR) investigation process. e. Information about self-protection and indicators of sexual abuse and assault. f. Prohibition against retaliation, including an explanation that reporting an assault will not negatively impact the detainee’s immigration proceedings. g. The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling.” SCJ policy 04.39 further states, “The facility shall maintain documentation of detainee participation in educational sessions pertaining to sexual abuse.” Interviews with the PSA Compliance Manager/Classification Officer and an Intake Officer indicated during the intake process, detainees are provided the ICE National Detainee Handbook, the facility Inmate/Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and the Detainee PREA Orientation form. Interviews with the PSA Compliance Manager/Classification Officer and an Intake Officer further indicated receipt of these documents are documented on a Handbook for Detainees form, which is signed by the detainee, after they receive the documentation. The Auditor reviewed the ICE National Detainee Handbook and confirmed the handbook includes information on the Agency’s zero tolerance policy, prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, explanation of methods for reporting sexual abuse, information about self-protection, reporting sexual abuse will not negatively impact your immigration proceeding and the right to receive treatment and counseling if subjected to sexual abuse. The Auditor reviewed the facility Inmate/Detainee Handbook and confirmed the handbook includes information on the facility’s zero tolerance policy, definitions and examples of sexual abuse, prevention strategies, how to report sexual abuse and assault and the right to receive treatment and counseling if subjected to sexual abuse. In addition, the Auditor reviewed the Detainee PREA Orientation and confirmed the form includes the Agency and the facility’s zero-tolerance for all forms of inmate/detainee sexual abuse and harassment as defined under PREA, Prevention, Intervention and Self-protection strategies, Indicators of sexual abuse and assault, Definitions of sexual abuse, Forms of reporting, Prohibition against retaliation and the victim detainee’s right to receive treatment and counseling. Interviews with the PSA Compliance Manager/Classification Officer, an Intake Officer, and six random COs indicated reasonable accommodations are made to ensure a detainee receives notification, orientation, and instruction on the facility’s sexual abuse prevention and response, to include but not limited to, the use of a teletypewriter (TTY) or Telecommunication device for the deaf (TDD) phone, for those detainees who are deaf or hearing impaired. Interviews with the PSA Compliance Manager/Classification Officer, an Intake Officer, and six random COs further indicated if a detainee has low vision or blind, or has limited reading skills, staff will read the information to the detainee and if a detainee demonstrates intellectual, psychiatric, or speech disabilities, staff will utilize the necessary vocabulary to establish effective communication. In addition, interviews with the PSA Compliance Manager/Classification Officer, an Intake Officer, and six random COs indicated if a detainee’s disability prohibits effective communication staff will seek the assistance of the facility medical or mental health staff to ensure effective communication. Interviews with the PSA Compliance Manager/Classification Officer, an Intake Officer, and six random COs further indicated all written materials related to sexual abuse are provided in formats which enable effective, accurate, and impartial interpretation. During the on-site audit, the Auditor observed the 2023 ICE National Detainee Handbook, and confirmed it is available in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, K’iche’(Quiche)/Kxlantzij and Vietnamese. In addition, the Auditor observed the DHS-prescribed SAA Information pamphlet, in all 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese. During the on-site audit the Auditor further observed the facility Inmate/Detainee Handbook, which was available in 10 languages, specifically English, Spanish, Portuguese,

Chinese, Russian, Romanian, Hindi, Haitian Creole, French and Arabic. During the on-site audit, the Auditor further observed the facility Detainee PREA Orientation form, available in 10 languages, specifically English, Spanish, Portuguese, Chinese, Russian, Romanian, Hindi, Haitian Creole, French and Arabic. In an interview with an Intake staff it was indicated, with the assistance of Microsoft 365 program, the facility could translate all written materials regarding sexual abuse to any language necessary. In addition, during the on-site audit the Auditor partially observed an intake of a detainee and confirmed all written material had been provided to the detainee in his preferred language by use of a language line to include all requirements of subsection (a) of the standard. The Auditor reviewed 10 detainee files and confirmed a completed Handbooks for Detainees form was included in each file. In interviews with 21 detainees it was confirmed, during intake into the facility, they received an ICE National Detainee Handbook, a facility Inmate/Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and the facility Detainee PREA Orientation form, in their preferred language.

(d): SCJ policy 04.39 states, “The facility shall post on all housing unit bulletin boards the following notices: a. The OHS-prescribed sexual abuse and assault awareness notice [sic] b. The name of the facility PSA Compliance Manager. c. Information about the local organization(s) that can assist detainees who have been victims of sexual abuse or assault, including mailing addresses and telephone numbers (toll-free numbers where available). If no such local organization exist, the facility shall make available the same information about national organizations. The facility shall make available and distribute the OHS-prescribed ‘Sexual Assault Awareness Information’ pamphlet.” [sic] During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice and the RAINN flyer, which can assist the victims of sexual abuse; however, the Auditor did not observe the name of the PSA Compliance Manager posted in the housing units. The facility immediately printed mailing labels with the PSA Compliance Manager and placed them on all of the DHS-prescribed sexual assault awareness notices throughout the facility.

Corrective Action:

No corrective action needed.

§115.34 - Specialized training: Investigations

Outcome: Meets Standard

Notes:

(a)(b): The Agency policy 11062.2 states, “OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate.” The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP, LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR’s SharePoint site for Auditors’ review; this documentation is in accordance with the standard’s requirement.” SCJ policy 04.39 states, “The facility shall provide specialized training on sexual abuse and effective cross-agency coordination to facility investigators who conduct investigations into allegations of sexual abuse at immigration detention facilities. This training covers, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collections in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process.” SCJ policy 04.39 further states, “Documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in the employee’s training file.” The facility PAQ indicates the facility has one investigator who has received specialized training on sexual abuse and effective cross-agency coordination. An interview with the PSA Compliance Manager/Investigator indicated the facility utilizes a detective with the SCSO to investigate all

criminal allegations reported at the facility and the PSA Compliance Manager/Investigator would be responsible for conducting the administrative investigations. During the on-site, the Auditor confirmed the PSA Compliance Manager/Investigator had received the National Institute of Corrections (NIC) PREA – Investigating Sexual Abuse in a Confinement Setting training. The Auditor reviewed the (NIC) PREA – Investigating Sexual Abuse in a Confinement Setting curriculum and confirmed the curriculum included the required elements of standard 115.34. In addition, the Auditor confirmed the PSA Compliance Manager/Investigator had received general PREA training as required in §115.31. There have not been any sexual abuse allegations made at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.35 - Specialized training: Medical and mental health care

Outcome: Meets Standard

Notes:

(a)(b): The Auditor reviewed a memorandum which states, “Seneca County Jail does not have IHSC/USPHS staff onsite. Victims of sexual abuse would be examined and treated by a SANE or SAFE nurse at Tiffin Mercy Hospital. And not by SCJ medical staff.” A review of the facility PAQ confirms SCJ does not employ DHS or Agency employees who serve as full and part-time medical and mental health practitioner, and therefore, subsection (a) of the standard is not applicable.

(c): SCJ policy 04.39 states, “In addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals who work in the facility, shall receive specialized medical training as outlined below. a. How to detect and assess signs of sexual abuse. b. How to preserve physical evidence of sexual abuse. c. How to respond effectively and professionally to victims of sexual abuse. d. How and to whom to report allegations of sexual abuse. e. How to preserve physical evidence of sexual abuse.” A review of the facility PAQ indicates the facility has five medical staff, one contracted mental health staff, and one contracted medical staff. Interviews with a Nursing Supervisor and a Mental Health Case Manager indicated they have completed specialized training through the National Institute of Corrections PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting and are required to attend general PREA training every year. The Auditor reviewed the National Institute of Corrections PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting curriculum and confirmed the training includes how to detect and assess signs of sexual abuse and assault, how to preserve physical evidence of sexual abuse and assault, how to respond effectively and professionally to victims of sexual abuse and assault. The Auditor reviewed six training certificates of completion which confirmed all medical staff and mental health staff have completed the specialized training. In addition, the Auditor reviewed training records of all six staff and confirmed they have completed general PREA training as required by standard §115.31. Interviews with the JA and the SDDO confirmed SCJ policy 04.39 has been submitted and approved by the Agency.

Corrective Action:

No corrective action needed.

§115.41 - Assessment for risk of victimization and abusiveness

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(f): SCJ policy 04.39 states, “Detainees shall be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior and shall be housed to prevent sexual abuse or assault, taking the necessary steps to mitigate any such danger. Each new detainee shall be kept separate from the general population until he/she has been classified and may be housed accordingly. The initial classification process and initial housing assignment should be completed within twelve (12) hours of admission to the facility. The facility

shall consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: a. Whether the detainee has a mental, physical, or developmental disability. b. The age of the detainee, c. The physical build and appearance of the detainee. d. Whether the detainee has previously been incarcerated or detained. e. The nature of the detainee's criminal history. [sic] f. whether the detainee has any convictions for sex offenses against an adult or child. g. Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. h. Whether the detainee has self-identified as having previously experienced sexual victimization. i. The detainee's own concerns about his or her physical safety. Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to items listed above in section a, g., h., or i. The facility Sexual Abuse Screening Tool will be utilized to complete the initial screening. The initial screening shall consider prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive." An interview with the PSA Compliance Manager indicated beginning January 2024, the facility developed and implemented the process of assessing all detainees during intake to identify those likely to be sexual abuse victims or sexual aggressors to include utilizing the information from the initial risk assessment to make informed decisions regarding housing of detainees; however, the facility does not currently have a process to track the housing assignments of a detainee identified as likely to be a sexual aggressor or a sexual abuse victim. An interview with the PSA Compliance Manager further indicated detainees are kept separate from the general population until the completion of the initial classification process which is completed within 12 hours of the detainee's admission into the facility. In an interview with an Intake staff, it was indicated Intake Officers will ask the detainee the questions on the initial assessment form and will enter the answers into the jail management system and once the intake process has been completed and housing assigned the CMS Medical Screening will lock all staff out except for medical and mental health. A review of the initial assessment confirms it contains all elements required by subsection (c) of the standard to include whether the detainee has a mental, physical, or developmental disability; the age of the detainee, the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; the detainee's own concerns about his or her physical safety; prior acts of sexual abuse; prior convictions for violent offenses; and a history of prior institutional violence or sexual abuse. Interviews with the PSA Compliance Manager/Classification Officer and an Intake Officer indicated detainees are not disciplined for refusing to answer or not disclosing complete information. Interviews with the PSA Compliance Manager/Classification Officer and an Intake Officer further indicated if a detainee is LEP, the staff will utilize the language line services to ask the questions and will document the use of interpretation services. An interview with an Intake Officer indicated once the intake and initial risk assessment has been completed, a Sergeant will review the intake process to ensure all steps had been completed prior to approving the classification and housing assignment of the detainees: however, in an interview with a Classification Sergeant, it was confirmed when he completes his review, he would not be aware of the housing assignments or location of detainees who have been identified as sexual aggressors or likely to be sexual abuse victims. The Auditor reviewed 10 detainee electronic files and confirmed the detainee's housing had been completed with 12 hours of admission into the facility.

(e)(g): SCJ policy 04.39 states, "The facility shall reassess each detainee's risk of victimization or abusiveness between sixty (60) and ninety (90) days from the date of the initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization." SCJ policy 04.39 further states, "The facility shall implement appropriate protections on responses to questions asked pursuant to this screening, limiting dissemination, and ensuring that sensitive information is not exploited to the detainee's detriment by staff or other detainees." An interview with the PSA Compliance Manager indicated the facility has established a process to reassess each detainee's risk of victimization or abusiveness between 60-90 days to include the use of an excel spreadsheet to ensure the

reassessment is completed in a timely manner. The Auditor reviewed 10 detainee files and confirmed two of the detainees had received a reassessment; however, the eight additional detainees had not been at the facility longer than 60 days. In addition, the Auditor reviewed the facility excel spreadsheet and confirmed since the process was established the facility had reassessed a total of 13 detainees who had been at the facility longer than 60 days. Interviews with 21 detainees indicated they had all been asked the questions from the initial risk assessment in a language they could understand; however, eight of the detainees, five who reported to be either gay or lesbian and three who reported they had experienced prior sexual abuse, indicated they did not answer truthfully as the questions were asked in an area which did not provide privacy affording other detainees the opportunity to overhear the answers; and therefore, they stated no. In addition, interviews with five other detainees, indicated during the reassessment, they had been brought into an office with other detainees and asked the reassessment questions at the same time.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. An interview with the PSA Compliance Manager indicated beginning January 2024, the facility developed and implemented the process of assessing all detainees during intake to identify those likely to be sexual abuse victims or sexual aggressors to include utilizing the information from the initial risk assessment to make informed decisions regarding housing of detainees; however, the facility does not currently have a process to track the housing assignments of a detainee identified as likely to be a sexual aggressor or a sexual abuse victim. An interview with an Intake Officer indicated once the intake and the assessment has been completed, a Sergeant will review the intake process to ensure that all steps had been completed and will approve the classification and housing assignment of the detainees. However, in an interview with a Sergeant it was confirmed when he completes his review, he would not be aware of the housing assignments and location of a detainee who has been identified as sexual aggressor or other detainees who are identified as likely sexual abuse victims. To become compliant, the facility must establish a process to utilize the information from the initial risk assessment to house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger to include a method for tracking the location of those detainees identified as likely sexual aggressors and sexual abuse victims. Once implemented, the facility must submit documentation to confirm all applicable staff have received training on the implemented process. In addition, if applicable, the facility must submit 10 detainee files to confirm detainees who identified during the intake risk screening as likely to be a sexual aggressor or a sexual abuse victim were housed utilizing the information gained from the initial risk assessment.

The facility is not in compliance with subsection (g) of the standard. Interviews with 21 detainees indicated they had all been asked the questions from the initial risk assessment in a language they could understand; however, eight of the detainees, five who reported to be either gay or lesbian and three who reported they had experienced prior sexual abuse, indicated they did not answer truthfully as the questions were asked in an area which did not provide privacy affording other detainees the opportunity to overhear the answers; and therefore, they stated no. In addition, interviews with five other detainees, indicated during the reassessment, they had been brought into an office with other detainees and asked the reassessment questions at the same time. To become compliant, the facility shall implement a process which ensures when conducting an initial assessment or reassessment of a detainee, the detainee is provided privacy to ensure the sensitive information is not exploited to the detainee's detriment by staff or other detainees. Once implemented, the facility must submit documentation to confirm all applicable staff have received training on the implemented process.

§115.42 - Use of assessment information

Outcome: Does Not Meet Standard

Notes:

(a): SCJ policy 04.39 states, "The facility shall use the information from the Sexual Abuse Screening Tool conducted at initial screening in the consideration of housing recreation, work program and other activities. The decision whether to assign a transgender or intersex detainee to a male facility will generally be made by ICE

prior to the detainee's arrival. The Facility Administrator shall consult with his/her appropriate ICE representative, and the PSA Compliance Manager in the event there are concerns with a placement. The facility should not base housing and program placement decisions for transgender or intersex detainees solely on the identity documents or physical anatomy of the detainee. A detainee's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration. The facility shall make individualized determinations about how to ensure the safety of each detainee. Upon arrival at a facility, transgender/intersex detainees shall be temporarily housed in a location away from the general population (to include a medical unit or protective custody unit) for no more than seventy-two (72) hours (excluding weekends, holidays, and exigent circumstances) until classification, housing, and other needs can be assessed. In deciding whether to house a transgender/intersex detainee in a male or female unit, pod, cell, or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such detainees, the facility shall consider the transgender or intersex detainee's gender self-identification and self-assessment of safety needs. The facility shall consult a medical or mental health professional as soon as practicable on this assessment. Placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced by the detainee." An interview with the PSA Compliance Manager indicated beginning January 2024, the facility developed and implemented the process of assessing all detainees during intake to identify those likely to be sexual abuse victims or sexual aggressors to include utilizing the information from the initial risk assessment to make informed decisions regarding housing of detainees, recreation and other activities, and voluntary work; however, the facility does not currently have a process to track the housing assignments, recreation and other activities, and voluntary work of a detainee identified as likely to be a sexual aggressor or a sexual abuse victim. An interview with an Intake Officer indicated once the intake and the assessment has been completed, a Sergeant will review the intake process to ensure that all steps had been completed and will approve the classification and housing assignment of the detainees. However, in an interview with a Sergeant it was confirmed when he completes his review, he would not be aware of the housing assignments and location of a detainee who has been identified as sexual aggressor or other detainees who are identified as likely sexual abuse victims.

(b)(c): Interviews with the JA and PSA Compliance Manager indicated the facility does not house transgender or intersex detainees as the facility is unable to provide accommodations or medical services for a transgender or intersex detainee. During the on-site audit Auditor observations, and informal interviews with staff, confirmed the facility does not house transgender or intersex detainees; and therefore, subsections (b) and (c) are not applicable.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. An interview with the PSA Compliance Manager indicated beginning January 2024, the facility developed and implemented the process of assessing all detainees during intake to identify those likely to be sexual abuse victims or sexual aggressors to include utilizing the information from the initial risk assessment to make informed decisions regarding housing of detainees; however, the facility does not currently have a process to track the housing assignments, recreation, voluntary work, and other activities of a detainee identified as likely to be a sexual aggressor or a sexual abuse victim. An interview with an Intake Officer indicated once the intake and the assessment has been completed, a Sergeant will review the intake process to ensure that all steps had been completed and will approve the classification and housing assignment of the detainees. However, in an interview with a Sergeant it was confirmed when he completes his review, he would not be aware of the housing assignments and location of a detainee who has been identified as sexual aggressor or other detainees who are identified as likely sexual abuse victims. To become compliant, the facility must establish a process to utilize the information from the initial risk assessment to inform assignment of detainees to housing, recreation and other activities, and voluntary work to include a method for tracking the location of those detainees identified as likely sexual aggressors and sexual abuse victims. Once implemented the facility must submit documentation to confirm all applicable staff have received training on the implemented process. In addition, if applicable, the facility must submit 10 detainee files to confirm information

from the initial risk assessment to inform assignment of detainees to housing, recreation and other activities, and voluntary work.

§115.43 - Protective custody

Outcome: Meets Standard

Notes:

(a)(b)(c): SCJ policy 04.39 states, “Use of Administrative Segregation to protect detainees at high risk for sexual abuse and assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. Detainees considered at risk for sexual victimization shall be placed in the least restrictive housing that is available and appropriate. If appropriate custodial options are not available at the facility, the facility will consult with the ICE Field Office Director to determine if ICE can provide additional assistance. Such detainees may be assigned to Administrative Segregation for protective custody only until an alternative means of separation from likely abusers can be arranged and such an assignment shall not ordinarily exceed a period of thirty (30) days.” SCJ policy 04.39 further states, “Detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following: a. The opportunities that have been limited. b. The duration of the limitation.” Interviews with the JA and PSA Compliance Manager, and a Segregation Officer indicated administrative segregation and/or protective custody is restricted to those instances where reasonable efforts have been made and as a last resort for housing of a detainee who is vulnerable to sexual abuse. Interviews with the JA and PSA Compliance Manager, and a Segregation Officer further indicated if a detainee were to be assigned to administrative segregation and/or protective custody due to being vulnerable to sexual abuse the assignment would be documented to include detailed reasons for the placement and would not exceed 30 days. In an interview with a Segregation Officer, it was indicated if a detainee vulnerable to sexual abuse was placed in administrative segregation and/or protective custody, the detainee would be provided access to programming, visitation, counsel, and all other services available to other detainees. During the on-site audit, the Auditor observed the facility administrative segregation unit and confirmed there were no detainees vulnerable to sexual abuse assigned to the administrative segregation and/or protective custody. Interviews with the JA and the SDDO indicated SCJ policy 04.39 was developed in consultation with the ICE FOD having jurisdiction over the facility.

(d)(e): SCJ policy 04.39 states, “If involuntary segregated housing is warranted as outlined above, the facility will take the following actions: a. A supervisory staff member shall conduct a review within seventy-two (72) hours of the detainee’s placement in segregation to determine whether segregation is still warranted. b. A supervisory staff member shall conduct, at a minimum, and identical review after the detainee has spent seven (7) days in Administrative Segregation, and every week thereafter for the first thirty (30) days and every ten (10) days thereafter. Facilities shall notify the appropriate ICE Field Officer Director no later than seventy-two (72) hours after the initial placement into segregation, whenever, a detainee has been placed in segregation on the basis of a vulnerability to sexual abuse or assault.” Interviews with the JA and PSA Compliance Manager indicated any placement of a detainee vulnerable to sexual abuse into administrative segregation and/or protective custody would require immediate notification to the ICE FOD, and the notification would be documented. Interviews with the JA and PSA Compliance Manager further indicated any placement of a detainee vulnerable to sexual abuse into administrative segregation and/or protective custody would be subjected to regular reviews established by policy. In an interview with a Segregation Officer, it was indicated the Administrative Segregation Order would provide the reasoning for the placement. In addition, he confirmed a supervisor would conduct a review within 72 hours and every 7 days for 30 days and every 10 days thereafter. During the on-site audit the Auditor confirmed through direct observation there were no detainees vulnerable to sexual abuse housed in administrative segregation.

Corrective Action:

No corrective action needed.

§115.51 - Detainee reporting**Outcome:** Does Not Meet Standard**Notes:**

(a)(b)(c): SCJ policy 04.39 states, “The facility provides instructions on how detainees may contact their consular officials, the DHS Office of the Inspector General, and the ICE Hotline. Reporting will be confidential, and if desired, anonymous. Detainees who are victims of sexual abuse have the option to privately report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: a. Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call. b. Calling the facility twenty-four (24) hour toll-free notification telephone number. c. Verbally telling any employee, including the facility Volunteers. d. Forwarding a letter (including anonymously), sealed and marked “confidential”, to the Facility Administrator or any other employee. e. calling or writing someone outside the facility who can notify facility staff. f. Forwarding a letter to the Seneca County PSA Coordinator at the following address: 3040 S. SR.100 Tiffin, OH 44883.” SCJ policy 04.39 further states, “Detainees shall have a least one way to report sexual abuse to a public or private entity or office that is not part of Seneca County, and that is able to receive and immediately forward detainee reports of sexual abuse and assault to facility officials, allowing the detainee to remain anonymous upon request.” SCJ policy 04.39 additionally states, “Employees shall take all allegations of sexual abuse and assault seriously, including verbal, anonymous and third-party [sic] reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports.” Interviews with the facility PSA Compliance Manager and six random COs indicated detainees are provided multiple ways to report sexual abuse, retaliation, and any staff neglect of their responsibilities which may have contributed to an incident of sexual abuse. Interviews with the facility PSA Compliance Manager and six random COs further indicated all reports received verbally, in writing, anonymously, and from third parties must be immediately reported and documented. During the on-site audit, the Auditor observed information in English and Spanish advising detainees how to contact their consular official, the DHS OIG, and the DRIL, to confidentially, and if desired, anonymously report an incident of sexual abuse. The postings were in all common areas of the facility. Informal interviews with a facility staff member indicated, with the assistance of Microsoft 365 program, the facility could translate all written materials regarding sexual abuse to any language necessary. Interviews with 21 detainees indicated that they were aware there are numbers provided if there was a need to report an incident, including anonymously. During the on-site audit, the Auditor tested all telephone numbers provided to detainees and confirmed they were all in good working order. A test call to the facility PREA hotline indicated detainees would leave a message on the SCSO Detective’s phone; however, during the on-site audit, the Auditor left a message and was informed the detective was out of the office for several days, due to training obligations; and therefore, the Auditor did not receive confirmation the message was received until just prior to ending of the on-site audit.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. During the on-site audit, the Auditor left a message and was informed the detective was out of the office for several days due to training obligations; and therefore, the Auditor did not receive confirmation the message was received until just prior to ending of the on-site audit. To become compliant, the facility must implement a practice which enables reports of sexual abuse made utilizing the facility PREA hotline are immediately forwarded to facility officials.

§115.52 - Grievances**Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d)(e)(f): SCJ policy 04.39 states, “Formal Grievances filed by detainees involving allegations of an immediate tlu-eat [sic] to a detainee’s health, safety, or welfare, related to sexual abuse will be removed from the

grievance process and will be forwarded immediately to the facility investigator or Administrative Duty Officer. Detainees will be permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. To prepare a grievance a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives. The facility shall not impose a time limit on when a detainee may submit a grievance regarding an alleged sexual abuse. Facility staff shall bring medical emergencies to the immediate [sic] attention of proper medical personnel for further assessment. The facility shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within thirty [sic] (30) days. The facility shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process." The Auditor reviewed a memorandum to the file which states, "Seneca County Jail has not had an instance of a sexual abuse grievance or appeal since the PREA incorporation date, or since the last DHS audit." An interview with the PSA Compliance Manager/GO indicated a detainee can file a grievance alleging sexual abuse at any time, there are no time limits imposed, and detainees are not required to follow the informal grievance process prior to filing a formal grievance. An interview with the PSA Compliance Manager/GO further indicated a detainee must be provided a decision within five days and if the detainee appeals the decision, the facility has 30 days to respond. In addition, an interview with the PSA Compliance Manager/GO indicated detainees have multiple ways to file a grievance to include the use of the detainee kiosks and if a detainee expressed the need for assistance in filing a grievance, he would facilitate the detainee request and ensure the detainee received any needed assistance. An interview with the PSA Compliance Manager/GO further indicated if the facility received a grievance alleging sexual abuse it is considered time-sensitive and an immediate threat to detainee health, safety, and welfare; and therefore, steps would be taken to keep the detainee safe to include staff taking immediate action and a medical assessment. In addition, the PSA Compliance Manager/GO indicated all investigative reports, a copy of the grievance, and the grievance decision would be forwarded to the FOD. There were no sexual abuse allegations reported at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.53 - Detainee access to outside confidential support services

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d): SCJ policy 04.39 states, "Seneca County Sheriff's Office shall maintain, or attempt to enter into, Memorandums of Understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support for immigrant victims of crime. Seneca County Sheriff's Office shall maintain copies of agreements or documentation showing attempts to enter into such agreements. Each facility shall establish, in writing procedures to include outside agencies in the facility sexual abuse prevention and intervention protocols if such resources are available. Detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse. Detainees will be provided with mailing address and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information shall be included in the facility's Detainee Handbook. The facility shall enable reasonable communications between detainees and these organizations and agencies, in as confidential a manner [sic] as possible. The facility shall require that agencies providing confidential support services inform detainees, prior to rendering services, of the extent to which communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." In an interview with the PSA Compliance Manager/Investigator it was indicated Seneca County is a very rural county and is limited on resources within the community to include a Rape Crisis Center; and therefore, no documentation was provided to confirm the facility has attempted to enter into an MOU with a local Rape Crisis Center. The PSA Compliance Manager further indicated a victim advocate would be provided through the local prosecutor's Victim Assistance Program. The Auditor spoke with a victim advocate from the Victim Assistance Program and

confirmed an advocate would accompany a victim for a SANE exam and investigatory interviews; however, continued services to include investigation and prosecution of sexual abuse perpetrators to most appropriately address a detainee victims' needs would only be provided if there is an ongoing criminal case with the prosecutor's office. In addition, the PSA Compliance Manager indicated the facility utilizes the Rape, Abuse and Incest National Network (RAINN), for crisis intervention and counseling. Utilizing the detainee phone, the Auditor spoke with an Advocate from RAINN and confirmed there are no Rape Crisis Centers in the area; and therefore, RAINN would only provide telephonic crisis intervention and counseling for up to 20 minutes per call. A review of the facility Handbook confirmed detainees are provided a telephone number to access RAINN services. In addition, the Handbook states, "Telephone calls to ICE DRIL line, OIG and RAINN, will not be monitored or recorded. If reports of abuse are made, those reports may be forwarded to authorities in accordance with mandatory reporting laws."

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. In an interview with the PSA Compliance Manager/Investigator it was indicated Seneca County is a very rural county and is limited on resources within the community to include a Rape Crisis Center; and therefore, no documentation was provided to confirm the facility has attempted to enter into an MOU with a Rape Crisis Center. The Auditor spoke with a victim advocate from the Victim Assistance Program and confirmed an advocate would accompany a victim for a SANE exam and investigatory interviews; however, continued services to include investigation and prosecution of sexual abuse perpetrators to most appropriately address a detainee victims' needs would only be provided if there is an ongoing criminal case with the prosecutor's office. In addition, the PSA Compliance Manager indicated the facility utilizes the Rape, Abuse and Incest National Network (RAINN), for crisis intervention and counseling. Utilizing the detainee phone, the Auditor spoke with an Advocate from RAINN and confirmed there are no Rape Crisis Centers in the area; and therefore, RAINN would only provide telephonic crisis intervention and counseling for up to 20 minutes per call. To become compliant, the facility shall attempt to enter into an MOU with a local Rape Crisis Center to provide continued services to include investigation and prosecution of sexual abuse perpetrators to most appropriately address a detainee victims' needs.

§115.54 - Third-party reporting

Outcome: Meets Standard

Notes:

SCJ policy 04.39 states, "The facility shall establish a method to receive third-party reports of sexual abuse and assault and shall post this information on the facility PREA link." A review of the Agency website (www.ice.gov/prea) confirmed it provides the public with information (telephone number & address) regarding third-party reporting of sexual abuse on behalf of the detainee. In addition, the Auditor reviewed the SCJ website (<https://senecacountyso.org/sso/divisions/corrections>) and confirmed the website gives the public two telephone numbers to call at the SCJ to report an allegation of sexual abuse. The Auditor tested one of the reporting functions and confirmed it to be in good working order.

Corrective Action:

No corrective action needed.

§115.61 - Staff reporting duties

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d): The Agency's policy 11062.2 mandates, "All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." ICE Directive 11062.2 states, "If alleged victim under the age of 18 or

determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” SCJ policy 04.39 states, “The facility shall require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility, retaliation against a detainee or staff who reported or participated in an investigation about such an incident, and any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation.” SCJ policy 04.39 further states, “Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. Employees may privately report sexual abuse and assault of detainees by forwarding a letter, sealed and marked “Confidential”, to the Facility Administrator.” SCJ policy 04.39 further states, “If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person’s statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws.” A review of SCJ policy 04.39 confirms staff are informed they can privately report sexual abuse and assault of detainees by forwarding a letter, sealed and marked “Confidential”, to the FA; however, SCJ policy 04.39 does not provide a method for staff to report an allegation of sexual abuse outside the chain of command. Interviews with six random COs confirmed they were knowledgeable regarding their responsibility to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation, or staff failure to perform their duties he/she becomes aware of to their immediate supervisor; however, interviews with the six COs confirmed they were not aware of a way that they could report an allegation anonymously outside the chain of command. In addition, interviews with six random COs further confirmed they were aware of the standard’s requirement to limit the sharing of information regarding an allegation of sexual abuse only with those on a need-to-know basis. In an interview with the SDDO it was confirmed he was knowledgeable regarding his reporting responsibilities under Agency policy 11062.2. The facility has not had any allegations of sexual abuse reported, during the reporting period. Interviews with the JA and the SDDO confirmed SCJ policy 04.39 has been submitted and approved by the Agency. There were no allegations of sexual abuse reported at SCJ during the audit period.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. A review of the SCJ policy 04.39 confirms the policy does not include a method for staff to report an allegation of sexual abuse outside the chain command. Interviews with six random COs confirmed they were not aware of a way they could report an allegation anonymously outside the chain of command. To become compliant, the facility must revise SCJ policy 04.39 to include a method by which staff can report outside the chain of command. Once SCJ policy 04.39 has been revised, the facility must submit documentation to confirm all staff have received training on the revised policy.

§115.62 - Protection duties

Outcome: Meets Standard

Notes:

SCJ policy 04.39 states, “When it is learned that a detainee is subject to a substantial risk of imminent [sic] sexual abuse, immediate action shall be taken to protect the detainee.” Interviews with the JA, PSA Compliance Manager, and six random COs confirmed their awareness to take immediate action to protect detainees to include removing detainees from the threat if they become aware a detainee is at substantial risk of sexual abuse. There were no allegations of sexual abuse reported at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other confinement facilities

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): SCJ policy 04.39 states, "Upon receiving an allegation that a detainee currently at the facility was sexually abused while housed at another facility (e.g. state, federal, local, or other private operator) the following actions shall be taken: a. The facility Administrator of the facility that received the allegation shall contact the Facility Administrator or appropriate headquarters office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. b. A copy of the statement of the detainee shall be forwarded to the appropriate official at the location where the incident was reported to have occurred. c. The facility shall document that it has provided such notification to Jail Administration and the ICE ERO via email. Upon receiving a notification from another agency or another facility (e.g. state, federal, local, or other private operator) that a detainee currently at their facility reported an incident/allegation of sexual abuse that occurred while the subject was a detainee at the Seneca County Jail, the following actions shall be taken a. The facility shall record the name of the agency making the contact, and any information (names, dates, time) that may assist in determining whether an investigation was conducted. A detainee statement should be requested. b. If the allegation was reported and investigated in accordance with Seneca County policy and/or referred for criminal investigation, if appropriate, the facility shall document the allegation, the name and title of the person reporting the information, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur. c. If the allegation was not reported and/or not investigated, facility staff shall initiate reporting and investigation procedures in accordance with this policy. The incident shall be reported through [sic] the Jail Incident Reporting Database. d. Notification shall be made to the ICE Field Office Director/designee." The Auditor reviewed a memorandum to the file which states, "Seneca County Jail has not had an instance of reporting sexual abuse to another confinement facility since the PREA incorporation date, or since the last DHS audit. In the event that this would occur, the facility administrator or designee, would contact the outside facility administrator to notify of the incident." In an interview with the facility JA, it was indicated he would notify the appropriate agency officials where the alleged sexual abuse occurred as soon as possible, but no later than 72 hours, after receiving the allegation. In an interview with the facility JA it was further indicated, the notification would be made by telephone and would be followed up with an email to document the notification. In addition, in an interview with the facility JA, it was indicated if he received notice from another facility a detainee has alleged an incident of sexual abuse while housed at SCJ, he would notify the FOD and the SCSO Detective to ensure the allegation is immediately investigated. There were no allegations of sexual abuse reported at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.64 - Responder duties

Outcome: Meets Standard

Notes:

(a)(b): SCJ policy 04.39 states, "Upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report, or his or her supervisor, shall ensure that the alleged victim and perpetrator are separated and that the alleged victim is kept safe, and no contact with the alleged perpetrator. The responder shall, to the greatest extent possible, preserve and protect any crime scene until appropriate steps can be taken to collect evidence." SCJ policy 04.39 further states, "If the abuse occurred within a time period that still allows for the collection of physical evidence, employees shall, request that the alleged victim not take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. When the alleged perpetrator is a detainee, he/she shall be removed from the general population or otherwise separated and held in a medical unit in the event evidence collection is required. If the abuse occurred within a time period that still allows for the collection of physical evidence, responders shall ensure that the alleged perpetrator not take

any actions that could destroy physical evidence including as appropriate washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff.” During the on-site audit, the Auditor observed each staff member carries a first responder card. The Auditor reviewed the first responder card and confirmed the card reminds staff of their responsibilities as a first responder following an incident of sexual abuse. Interviews with six random COs indicated if a detainee reported an allegation of sexual abuse to them, they would separate the detainee, call for backup, secure the scene, request the detainee victim, and ensure the abuser does not take any action that could destroy physical evidence. Interviews with two non-security first responders indicated they would immediately call for security staff, instruct the detainees to separate, would request the victim not to take any action which could destroy physical evidence, would ensure the perpetrator does not take action which could destroy physical evidence, and would immediately notify their supervisor. There have been no allegations of sexual abuse reported at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated response

Outcome: Meets Standard

Notes:

(a)(b): SCJ policy 04.39 states, “The Seneca County Jail will coordinate actions taken by staff in response to an incident of sexual abuse. This shall include the following multi-disciplinary team: a. PSA Compliance Manager. b. Medical representative. c. Security representative. d. Mental health representative. e. Detective/Investigator.” The Auditor reviewed the facility coordinated response plan and confirmed the plan coordinates the actions taken by facility first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Interviews with the JA and PSA Compliance Manager indicated the facility has established a Sexual Abuse Response Team (SART) to identify roles and responsibilities in response to an incident of sexual abuse. The response team includes the PSA Compliance Manager/Investigator, medical and mental health staff, and security staff. There were no allegations of sexual abuse reported at SCJ during the audit period.

(c)(d): SCJ policy 04.39 states, “If a victim of sexual abuse and assault is transferred from a DHS Immigration detention facility to a facility not covered by the DHS PREA Standards, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services, unless the victim requests otherwise. If a victim of sexual abuse or assault is transferred from a DHS Immigration detention facility to a facility covered by the DHS PREA Standards, the sending facility shall notify the receiving facility of the incident and the victim’s potential need for medical or social services.” The Auditor reviewed a memorandum to the file which states, “If a victim of sexual abuse and assault is transferred from a DHS Immigration detention facility to a facility not covered by the DHS PREA Standards, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services, unless the victim requests otherwise. If a victim of sexual abuse or assault is transferred from a DHS Immigration detention facility to a facility covered by the DHS PREA Standards, the sending facility shall notify the receiving facility of the incident and the victim’s potential need for medical or social services. This would be accomplished by facility administration, coordinating with ICE ERO, to ensure that all facilities are receiving all pertinent information as permitted by law.” In an interview with the JA and PSA Compliance Manager it was confirmed they were knowledgeable in the requirements of subsections (c) and (d) of the standard.

Corrective Action:

No corrective action needed.

§115.66 - Protection of detainees from contact with alleged abusers

Outcome: Meets Standard

Notes:

SCJ policy 04.39 states, “Staff suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation.” Interviews with the JA and PSA Compliance Manager indicated staff, contractors, or volunteers would be removed from any further detainee contact, upon receiving an allegation of sexual abuse, pending the outcome of the investigation. There were no allegations of sexual abuse reported at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation

Outcome: Meets Standard

Notes:

(a)(b)(c): SCJ policy 04.39 states, “Staff, contractors, volunteers, and detainees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual abuse as a result of force, coercion, threats, [sic] or fear of force. For at least ninety (90) days following a report of sexual abuse, the facility shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff and shall act promptly to remedy any such retaliation. Items the facility should monitor include detainee disciplinary reports, housing or program changes, or negative performance reviews, or reassignments of staff. The facility shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates continuing need.” An interview with the PSA Compliance Manager/Retaliation Monitor, indicated he would be responsible for retaliation monitoring of detainee victims of sexual abuse and detainee/staff witnesses who cooperate with an investigation. An interview with the PSA Compliance Manager/Retaliation Monitor further indicated retaliation monitoring would begin a few days after the allegation is reported. In addition, an interview with the PSA Compliance Manager/Retaliation Monitor confirmed he could articulate his responsibility to meet with the detainee every week for 90 days, or longer if needed, and to review any changes in the detainee’s housing record, disciplinary record, and programming. In addition, an interview with the PSA Compliance Manager/Retaliation Monitor confirmed if there was a need to monitor a staff member, the staff member would be monitored for 90 days to include negative reviews or reassignments as a result of reporting an allegation of sexual abuse or cooperating with an investigation. There were no allegations of sexual abuse reported at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): SCJ policy 04.39 states, “The facility shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrict housing option possible. Detainee victims shall not be held for longer than five (5) days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a re-assessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse.” The Auditor reviewed a memorandum to the file which states, “Seneca County Jail has not had an instance requiring post-allegation protective custody since the PREA incorporation date, or since the last DHS audit. If placement were to occur, the ERO Field Office Director would be notified within 72 hours by placing an email notification to CVUser-ERO-Detained@ice.dhs.gov.” Interviews with the JA and PSA Compliance Manager indicated if due to an incident of sexual abuse a detainee would be placed in the least restrictive housing unit to guarantee their safety; however, if

the detainee would be placed in administrative segregation/protective custody the placement would not exceed five days, except in unusual circumstances or at the request of the detainee. Interviews with the JA and PSA Compliance Manager further indicated whenever a detainee is placed in administrative segregation the appropriate FOD would be notified as soon as possible; however, notification would not exceed 72 hours. An interview with the PSA Compliance Manager indicated the detainee would be reassessed prior to being placed back into general population. There have been no sexual abuse allegations reported at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.71 - Criminal and administrative investigations

Outcome: Meets Standard

Notes:

(a)(b)(c)(e)(f): SCJ policy 04.39 states, “The Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse or assault. Criminal investigations shall be referred to a law enforcement agency with legal authority to conduct criminal investigations. All investigations into alleged sexual abuse must be conducted by qualified investigators. Upon conclusion of a criminal investigation where the allegation was Substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was Unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with appropriate investigative office within ICE/DHS, and the assigned criminal investigative entity.” SCJ policy 04.39 further states, “Administrative investigations will include: a. Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. b. Interviewing alleged victims, suspected perpetrators, and witnesses. c. Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator. d. Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual’s status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph. e. An effort to determine whether actions or failures to act at the facility contributed to the abuse. f. Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment and investigation facts and findings. g. Retention of all reports and referrals of allegations for as long as the alleged perpetrator is detained or employed by the agency or facility, plus five (5) years.” In addition, SCJ policy 04.39 states, “The departure of the alleged perpetrator or victim from the employment or control of the facility shall not provide a basis for terminating an investigation. When outside agencies conduct investigations of sexual abuse and assault, the facility shall cooperate with outside investigators and endeavor to remain informed about the progress of the investigation.” In an interview with the PSA Compliance Manager/Investigator, it was indicated the PSA Compliance Manager would conduct the administrative investigations and an SCSO Detective would conduct the criminal investigations. The PSA Compliance Manager/Investigator further indicated the facility will conduct an administrative investigation on all allegations of sexual abuse and he will work with the criminal detective to ensure the criminal case is not compromised. In addition, an interview with the PSA Compliance Manager/Investigator confirmed the PSA Compliance Manager/Investigator was knowledgeable regarding the standard’s investigatory requirements to include investigations would be completed promptly, thoroughly, and objectively and would be completed even if the alleged victim or perpetrator was no longer at the facility. The Auditor reviewed the PSA Compliance Manager’s training records and confirmed has received all training required for standards §115.31 and §115.34. There were no sexual abuse allegations reported at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.72 - Evidentiary standard for administrative investigations**Outcome:** Meets Standard**Notes:**

Agency Policy 11062.2 states, “The OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse.” SCJ policy 04.39 states, “When an administrative investigation is undertaken, the facility shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse and assault are Substantiated.” An interview with the PSA Compliance Manager/Investigator confirmed the facility will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. There were no sexual abuse allegations reported at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees**Outcome:** Meets Standard**Notes:**

SCJ policy 04.39 states, “Following an investigation into a detainee’s allegation that he/she suffered sexual abuse at the facility, the detainee shall be notified of the results of the investigation and any responsive action taken. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the detainee.” In an interview with the PSA Compliance Manager and SDDO it was indicated notification would be made to each victim of an alleged sexual abuse and would include any responsive action taken on the case. There were no sexual abuse allegations reported at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff**Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d): SCJ policy 04.39 states, “Employees shall be subject to disciplinary sanctions up to and including termination for violating Seneca County’s sexual abuse policies. Termination is the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened [sic] to engage in sexual abuse.” SCJ policy 04.39 further states, “All terminations for violations of Seneca County’s sexual abuse policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, to the extent known.” A review of SCJ policy 04.39 confirms it does not contain the verbiage, “including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies” and “including removal from the Federal service, when there is a substantiated allegation of sexual abuse, or Agency sexual abuse rules, policies, or standards. In addition, the policy does not indicate that “removal from Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer.” However, termination is greater than removal from Federal Service; and therefore, the Auditor finds the facility to be substantial compliance with subsections (a) and (b) of the standard. Interviews with the facility JA and PSA Compliance Manager/HRM indicated all allegations of sexual abuse involving staff

are referred to a detective within the SCSO for a criminal investigation. Interviews with the facility JA and PSA Compliance Manager/HRM further indicated any staff member accused of perpetrating sexual abuse would be placed on administrative leave and removed from the facility until the outcome of an investigation. In addition, interviews with the facility JA and PSA Compliance Manager/HRM indicated the facility would notify all licensing body necessary if a licensed staff member is removed or resigns in lieu of removal for violating the facility sexual abuse policies. Interviews with six random COs confirmed they are aware termination is the presumptive disciplinary sanction if they violate the facility sexual abuse policies. The facility has not had an allegation of sexual abuse reported during the reporting period; therefore, no criminal or administrative investigation has been conducted. Compliance was determined based on the facility policy and interviews. Interviews with the JA and SDDO confirmed SCJ policy 04.39 has been submitted and approved by the Agency.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers

Outcome: Meets Standard

Notes:

(a)(b)(c): SCJ policy 04.39 states, “Contractors and civilians suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Any contractor or volunteer who has engaged in sexual abuse shall be prohibited from contact with detainees. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse or assault but have violated other provisions within these standards. Incidents of Substantiated sexual abuse by a contractor or volunteer shall be reported to law enforcement agencies, unless the activity was clearly not criminal. The facility shall report such incidents to the ICE Field Office Director/designee regardless of whether the activity was criminal and shall make reasonable efforts to report such incidents to any relevant licensing bodies, to the extent known.” The Auditor reviewed a memorandum to the file which states, “Seneca County Jail has not had an instance involving any contractor/volunteer of violating sexual abuse polices or perpetrating sexual abuse since the PREA incorporation date, or since the last DHS audit.” Interviews with the JA and PSA Compliance Manager/HRM indicated any contractor or volunteer suspected of perpetrating sexual abuse would be removed from the facility and the SCSO detective would be notified. Interviews with the JA and PSA Compliance Manager/HRM further indicated the incident would be reported to the contractor’s employer and any other licensing bodies. An interview with the JA indicated if a contractor or volunteer violated any other provisions of facility policies they would be removed from the facility, and any further contact with detainees, pending the outcome of an investigation. There have not been any sexual abuse allegations reported at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): SCJ policy 04.39 states, “Detainees shall be subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding the detainee engaged in sexual abuse or assault. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the detainee’s disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories.” SCJ policy 04.39 further states, “A detainee may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct. Detainees who deliberately allege false claims of sexual abuse can be disciplined. For purpose of disciplinmy [sic] action, a report of sexual abuse made

in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.” Interviews with the JA and PSA Compliance Manager/Disciplinary Officer indicated detainees are subject to disciplinary sanction pursuant to a formal disciplinary process for an administrative or criminal finding the detainee engaged in sexual abuse. Interviews with the JA and PSA Compliance Manager/Disciplinary Officer further indicated detainees would not be disciplined for sexual contact with staff unless there is a finding the staff member did not consent to such contact. In addition, interviews with the JA and PSA Compliance Manager/Disciplinary Officer indicated detainees are not disciplined for reports made in good faith based on a reasonable belief the alleged conduct had occurred. In an interview with the JA, it was indicated SCJ has a disciplinary system which includes reviews, appeals, and documentation procedures. There have not been any sexual abuse allegations reported at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.81 - Medical and mental health assessments; history of sexual abuse

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): SCJ policy 04.39 states, “If screening indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two (2) working days from the date of the assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than seventy-two (72) hours after the referral.” An interview with an Intake Officer indicated if during a risk assessment a detainee discloses previous sexual abuse or has perpetrated sexual abuse the intake staff will print the assessment and place it into the medical box; however, in an interview with the Nursing Supervisor it was confirmed medical staff are in the facility Monday – Friday from 9:00 a.m. to 9:00 p.m.; and therefore, assessments from the medical box in the intake area, are not picked up until the following work day. Thus, detainees who identify as sexual abuse victims or sexual abuse perpetrators on the initial risk assessment after 9:00 pm on Friday, or over the weekend, may possibly not be seen by medical staff within two working days or by mental health staff within 72 hours. The Auditor reviewed one detainee file and confirmed the detainee had disclosed during intake he was recently sexually assaulted on the street; however, a review of the file confirmed the detainee had not been referred to a qualified medical or mental health practitioner for a medical and/or mental health follow-up as appropriate. An interview with the detainee whose file was reviewed confirmed he reported the allegation during intake; however, was not seen. An interview with the detainee whose file was reviewed further confirmed he reported the abuse to medical staff one month later at which time he was immediately referred to mental health. A review of the detainee mental health file confirmed the detainee was seen within the time requirements of the standard once the incident was reported to medical; however, the detainee was not immediately referred upon intake as required by subsection (a) of the standard.

Corrective Action:

The facility is not in compliance with subsection (a), (b), and (c) of the standards. An interview with an Intake Officer indicated if during a risk assessment a detainee discloses previous sexual abuse or has perpetrated sexual abuse the intake staff will print the assessment and place it into the medical box; however, in an interview with the Nursing Supervisor it was confirmed medical staff are in the facility Monday – Friday from 9:00 a.m. to 9:00 p.m.; and therefore, assessments from the medical box in the intake area, are not picked up until the following work day; and therefore, detainees who identify as sexual abuse victims or sexual abuse perpetrators on the initial risk assessment after 9:00 pm on Friday, or over the weekend, may possibly not be seen by medical staff within two working days or by mental health staff within 72 hours due to the abundance of assessments located in the

medical box. The Auditor reviewed one detainee file and confirmed the detainee had disclosed during intake he was recently sexually assaulted on the street; however, in a review of the file confirmed the detainee had not been immediately referred to a qualified medical or mental health practitioner for a medical and/or mental health follow-up as appropriate. An interview with the detainee whose file was reviewed confirmed he reported the allegation during intake; however, was not seen. To become compliant, the facility must implement a practice which includes immediately referring detainees who identify as a sexual abuse victim or sexual abuse perpetrator on the initial risk assessment to a qualified medical or mental health professional. In addition, the facility must implement a practice requiring once a referral for medical follow-up is initiated, the detainee receives a health evaluation within two working days from the date of the assessment and when a referral for a mental health follow-up is initiated, the detainee receives a mental health evaluation no later than 72 hours after the referral. Once implemented the facility must submit documentation to confirm all intake, medical, and mental health staff have received training on the implemented practice. In addition, if applicable, the facility must submit five detainee files, and the corresponding medical and mental health files, of detainees who were identified as sexual abuse victims or predators during intake pursuant to the initial risk assessment.

§115.82 - Access to emergency medical and mental health services

Outcome: Meets Standard

Notes:

(a)(b): SCJ policy 04.39 states, “Detainee victims of sexual abuse and assault shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. The facility shall provide victims with medical and mental health services consistent with the community level of care. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy result from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy related medical services. Detainee victims of sexual abuse while detained shall be offered tests for sexually transmitted infections as medically appropriate. The facility shall attempt to conduct a mental health evaluation of all known Detainee-on-Detainee abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation arising out of the incident. The facility shall provide such victims with medical and mental health services consistent with the community level of care.” The Auditor reviewed a memorandum to the file which states, “Seneca County Jail has not had an instance requiring emergency medical/mental health services being provided to a detainee victim in a timely manner, without cost, since the PREA incorporation date, or since the last DHS audit.” An interview with the Nursing Supervisor, indicated a detainee victim of sexual abuse would be transported to one of the surrounding hospitals for emergency treatment and a SANE/SAFE exam and would be provided timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care or that the treatment services, both emergency and ongoing, will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. However, the interview with the Nursing Supervisor could not confirm the detainee victim would be taken to a specific hospital; and therefore, the Auditor could not contact a hospital to confirm the facility ensures detainee victims of sexual abuse or assault have timely, unimpeded access to emergency medical services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care or that the treatment services, both emergency and ongoing, will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In an interview with the PSA Compliance Manager, it was indicated

a victim advocate would provide emergency crisis intervention through the local prosecutor's Victim Assistance Program. The Auditor spoke with a victim advocate from the Victim Assistance Program and confirmed an advocate would provide emergency crisis intervention to a detainee victim of sexual abuse. There were no allegations of sexual abuse reported at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): SCJ policy 04.39 states, "The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all detainee who have been victimized by sexual abuse while in immigration detention." An interview with the Nursing Supervisor indicated emergency medical treatment would be provided to detainee victims, to include as appropriate, pregnancy tests with information for all options of pregnancy related medical services, follow up tests for sexually transmitted infections, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in, other facilities, or their release from custody in accordance with professionally accepted standards of care. An interview with the Nursing Supervisor further indicated all treatment is provided at no cost to detainee victims of sexual abuse. An interview with the Mental Health Case Manager indicated detainee victims would receive a mental health evaluation and treatment to include follow-up services and treatment plans. An interview with the Mental Health Case Manager further indicated all known perpetrators of sexual abuse would receive an evaluation immediately upon learning of such abuse history and a treatment plan would be established if the abuser is willing to participate. There were no allegations of sexual abuse reported at SCJ during the audit period.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident reviews

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): SCJ policy 04.39 states, "The Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation and, where the allegation was not determined to be Unfounded, prepare a written report within thirty (30) days of the conclusion of the investigation. In addition to the Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall: a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. b. Consider whether the incident or allegations was motivated by race; ethnicity; [sic] gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. d. All findings and recommendations for improvement will be documented on the Sexual Abuse Incident Review Report. Completed forms will be forwarded to the Facility Administrator, the facility PSA Compliance Manager, and the FSC PSA Coordinator. e. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. The Sexual Abuse Incident Review Report shall be forwarded to the FSC PSA Coordinator and the ICE Prevention of Sexual Assault (PSA) Coordinator through the local ICE Field Office. f. Each facility shall conduct an annual [sic] review of the all sexual abuse [sic] investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual [sic] reporting period, then the facility shall prepare a negative report. The results and finding of the annual [sic] review shall be provided to the Facility Administrator, FSC PSA Coordinator, and the ICE PSA Coordinator through [sic] the

local ICE Field Office.” An interview with the PSA Compliance Manager indicated the facility has established a process to conduct an incident review at the conclusion of an administrative investigation. The review will be documented on the DHS ICE Sexual Abuse or Assault Incident Review Form. A review of the form indicates the facility will consider if the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics at the facility. In addition, the review form includes recommendation and reasons the recommendations were not implemented if that was to occur. In an interview with the PSA Compliance Manager it was further confirmed he could articulate the standard’s requirements to conduct the incident review within 30 days of the conclusion of the investigation and to forward to the incident review report and response to the Agency PSA Coordinator. The Auditor reviewed the facility 2023 Sexual Abuse Incident and Investigation Annual Review which serves as the facility’s negative report and confirmed the completed report had been forwarded to the Sheriff, the JA, AFOD and the SDDO. However, no documentation was provided to confirm the facility had forwarded the report to the Agency PSA Coordinator. There were no sexual abuse allegations reported at SCJ during the audit period.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed the facility 2023 Sexual Abuse Incident and Investigation Annual Review which serves as the facility’s negative report and confirmed the completed report had been forwarded to the Sheriff, the JA, AFOD and the SDDO. However, no documentation was provided to confirm the facility had forwarded the report to the Agency PSA Coordinator. To become compliant, the facility must submit documentation which confirms the 2023 Sexual Abuse Incident and Investigation Annual Review has been forwarded to the Agency PSA Coordinator as required by subsection (c) of the standard.

§115.87 - Data collection

Outcome: Meets Standard

Notes:

(a): SCJ policy 04.39 states, “All case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with Seneca County’s Policy for Retention of Records. The Facility Administrator shall maintain files, chronologically [sic] and in a secure location, regarding incidents of sexual abuse and assault....” An interview with the facility PSA Compliance Manager indicated all case records associated with allegations of sexual abuse will be maintained in his office under lock and key. During the on-site audit, the Auditor observed the secured cabinet within the PSA Compliance Manager’s office and confirmed the cabinet was dedicated to hold any investigations and records associated with sexual abuse allegations.

Corrective Action:

No corrective action needed.

§115.201 - Scope of audits

Outcome: Meets Standard

Notes:

(d)(e)(i)(j): During all stages of the audit, including the on-site audit, the Auditor was able to review all available policies and procedures, memos and other documentation required to make an assessment on PREA Compliance. Interviews with staff and detainees were conducted in private while on-site and remained confidential. The Auditor observed the notification of the audit posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. No detainees, outside entity, or staff correspondence was received prior to the on-site audit or during the post audit review.

Corrective Action:

No corrective action needed.

AUDITOR CERTIFICATION:

I certify that the contents of the report are accurate to the best of my knowledge and no conflict of interest exists with respect to my ability to conduct an audit of the agency under review. I have not included any personally identified information (PII) about any detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.

Robin Bruck

5/7/2024

Auditor's Signature & Date

(b) (6), (b) (7)(C)

5/7/2024

Program Manager's Signature & Date

(b) (6), (b) (7)(C)

5/8/2024

Assistant Program Manager's Signature & Date



U.S. Immigration
and Customs
Enforcement

Office of Professional Responsibility

